

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning and ending

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

C Name of organization: **INTERNATIONAL DEVELOPMENT ENTERPRISES**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **10403 W. COLFAX AVE., #500**
 City or town, state or country, and ZIP + 4: **LAKWOOD, CO 80215**

D Employer identification number: **23-2220051**
E Telephone number: **303-232-4336**

F Accounting method: Cash Accrual
 Other (specify):

G Website: **WWW.IDEORG.ORG**

J Organization type (check only one): 501(c) (3) (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 chooses to file a return, be sure to file a complete return. Some states require a complete return

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **7,520,703.**

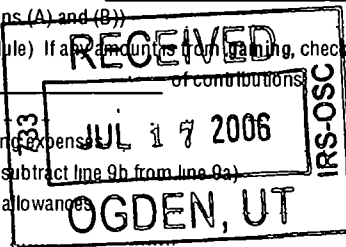
H and **I** are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates: **N/A**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number: **N/A**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenues	1	Contributions, gifts, and similar amounts received:				
	a	Direct public support	1a	503,377.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	6,634,201.		
	d	Total (add lines 1a through 1c) (cash \$ <u>7,127,578.</u> noncash \$ <u>10,000.</u>)	1d		7,137,578.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		39,850.	
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4		3,952.	
	5	Dividends and interest from securities	5		4.	
	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	8a			
		(B) Other	8b			
			8c			
			8d			
9a	Special events and activities (attach schedule) If any amounts from fundraising, check here <input type="checkbox"/>	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
			9b			
			9c			
			10a			
10a	Gross sales of inventory, less returns and allowances	10a				
		10b				
		10c				
11	Other revenue (from Part VII, line 103)	11		339,319.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		7,520,703.		
Expenses	13	Program services (from line 44, column (B))	13		6,605,397.	
	14	Management and general (from line 44, column (C))	14		663,149.	
	15	Fundraising (from line 44, column (D))	15		6,110.	
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17		7,274,656.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		246,047.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		177,271.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20		374,073.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		797,391.	

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Part II Statement of Functional Expenses

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

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 \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc **	349,230.	349,230.	0.	0.
26	Other salaries and wages	2,258,100.	1,916,670.	341,430.	
27	Pension plan contributions	66,264.	66,264.		
28	Other employee benefits	89,038.	29,243.	59,795.	
29	Payroll taxes	26,812.		26,812.	
30	Professional fundraising fees				
31	Accounting fees	40,001.		40,001.	
32	Legal fees	4,312.		4,312.	
33	Supplies				
34	Telephone	11,500.		11,500.	
35	Postage and shipping				
36	Occupancy	30,471.		30,471.	
37	Equipment rental and maintenance				
38	Printing and publications	505.		505.	
39	Travel	593,179.	569,934.	23,245.	
40	Conferences, conventions, and meetings				
41	Interest	595.		595.	
42	Depreciation, depletion, etc (attach schedule)	7,518.		7,518.	
43	Other expenses not covered above (itemize)				
a					
b					
c					
d					
e					
f					
g	SEE STATEMENT 2	3,797,131.	3,674,056.	116,965.	6,110.
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	7,274,656.	6,605,397.	663,149.	6,110.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

** SEE STATEMENT 3

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

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.

What is the organization's primary exempt purpose? ► SEE STATEMENT 4	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts; but optional for others)
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.)	
a INCOME GENERATION AND TECHNOLOGY DEVELOPMENT FOR UNDERDEVELOPED COUNTRIES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,605,397.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	6,605,397.

Part IV Balance Sheets (See 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	588,848.	46 1,435,691.
	47 a Accounts receivable	47a 57,244.	
	b Less allowance for doubtful accounts	47b -31,392.	47c 88,636.
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable	270,515.	49 325,595.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	81,909.	53 49,365.
	54 Investments securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54
	55 a Investments land, buildings, and equipment basis	55a 377,068.	
	b Less accumulated depreciation	55b	55c 377,068.
56 Investments other	0.	56 0.	
57 a Land, buildings, and equipment basis	57a 101,899.		
b Less accumulated depreciation STMT 5	57b 88,579.	57c 13,320.	
58 Other assets (describe <input type="checkbox"/> SEE STATEMENT 6)	3,000.	58 76,036.	
59 Total assets (must equal line 74) Add lines 45 through 58	1,010,807.	59 2,365,711.	
Liabilities	60 Accounts payable and accrued expenses	440,998.	60 1,020,522.
	61 Grants payable		61
	62 Deferred revenue	290,651.	62 547,798.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7)	101,887.	65 0.
66 Total liabilities. Add lines 60 through 65)	833,536.	66 1,568,320.	
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	177,271.	67 797,391.
	68 Temporarily restricted		68
	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)	177,271.	73 797,391.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,010,807.	74 2,365,711.

Part VI Other Information <i>(continued)</i>		Yes	No
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 <u>N/A</u>		
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 <u>N/A</u>		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a <u>N/A</u>		
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 <u>N/A</u>		
c Dues, assessments, and similar amounts from members	85c <u>N/A</u>		
d Section 162(e) lobbying and political expenditures	85d <u>N/A</u>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e <u>N/A</u>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f <u>N/A</u>		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g <u>N/A</u>		
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 <u>N/A</u>		
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a <u>N/A</u>		
b Gross receipts, included on line 12, for public use of club facilities	86b <u>N/A</u>		
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a <u>N/A</u>		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b <u>N/A</u>		
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>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations 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 ▶ <u>0.</u>			
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ <u>0.</u>			
90 a List the states with which a copy of this return is filed <u>CO</u>			
b Number of employees employed in the pay period that includes March 12, 2005	90b <u>18</u>		
91 a The books are in care of <u>THE ORGANIZATION</u> Telephone no. <u>(303) 232-4336</u> Located at <u>10403 W. COLFAX AVE., #500, LAKEWOOD, CO</u> ZIP + 4 <u>80215</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c		X
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 <u>N/A</u>			

Part VII Analysis of Income-Producing Activities (See 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) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CONSULTING FEES					39,850.
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					3,952.
96 Dividends and interest from securities					4.
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 OTHER REVENUE					339,319.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	383,125.
105 Total (add line 104, columns (B), (D), and (E))					383,125.

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 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)
▼	SEE STATEMENT 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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)

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: _____ Type or print name and title: **PRESIDENT**

Preparer's signature: *[Signature]* Date: **6-20-06** Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address and ZIP + 4: **RICHEY, MAY & CO., LLP
9605 SOUTH KINGSTON COURT, SUITE 200
ENGLEWOOD, COLORADO 80112**

EIN: _____ Phone no: **(303) 721-6131**

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 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

2005

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 ▶	0			

Part II-A 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 ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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 1 of Part VI-B.) 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.	1	X
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)	2a	X
a Sale, exchange, or leasing of property?	2b	X
b Lending of money or other extension of credit?	2c	X
c Furnishing of goods, services, or facilities?	2d	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2e	X
e Transfer of any part of its income or assets?	3a	X
3 a 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.)	3b	X
b Do you have a section 403(b) annuity plan for your employees?	3c	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	4a	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4b	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		

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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	4,646,927.	4,166,482.	3,768,350.	4,212,996.	16,794,755.
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	1,192.	6,048.	5,991.	12,960.	26,191.
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	62,813.	108,246.	SEE STATEMENT 11 162,266.	21,090.	354,415.
23 Total of lines 15 through 22	4,710,932.	4,280,776.	3,936,607.	4,247,046.	17,175,361.
24 Line 23 minus line 17	4,710,932.	4,280,776.	3,936,607.	4,247,046.	17,175,361.
25 Enter 1% of line 23	47,109.	42,808.	39,366.	42,470.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
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: (2004) 52,000. (2003) 1,500. (2002) 3,000. (2001) 5,380.					
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 11b, 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: (2004) 0. (2003) 0. (2002) 0. (2001) 0.					
c Add: Amounts from column (e) for lines: 15 16,794,755. 16 _____ 17 _____ 20 _____ 21 _____					27c 16,794,755.
d Add Line 27a total 61,880. and line 27b total 0.					27d 61,880.
e Public support (line 27c total minus line 27d total)					27e 16,732,875.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 17,175,361.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 97.4237%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1525%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.					NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

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
		N/A	
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 -			
If the amount on line 40 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		
The lobbying nontaxable amount is -			
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				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) N/A

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
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)			0.
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
193	FURN/FIXTURES							
	010193	200DB	7.00	16	2,618.		2,249.	369.
293	COMPUTER EQUIP							
	010193	200DB	5.00	16	2,258.		2,258.	0.
394	FURN/FIXTURES							
	063094	200DB	7.00	16	2,068.		1,927.	141.
494	COMPUTER EQUIP							
	063094	200DB	5.00	16	4,633.		4,439.	194.
595	SOFTWARE							
	043095	SL	3.00	16	813.		813.	0.
695	COMPUTERS							
	033195	200SL	5.00	16	1,349.		1,349.	0.
795	BOOKSHELVES							
	043095	200DB	7.00	16	354.		325.	29.
896	TELEPHONE SYSTE							
	063096	200DB	5.00	16	4,353.		3,988.	365.
996	CONF TABLE/CH							
	063096	200DB	7.00	16	3,150.		2,719.	431.
1096	LAPTOP COMPUTER							
	063096	200DB	5.00	16	1,135.		1,040.	95.
1196	MONITOR							
	063096	200DB	5.00	16	375.		344.	31.
1296	MODEM							
	063096	200DB	5.00	16	211.		194.	17.
1397	SOFTWARE							
	010197	SL	3.00	16	861.		861.	0.
1497	PHONE SYSTEM							
	050197	200DB	5.00	16	302.		283.	19.
1597	FURNITURE							
	070797	200DB	7.00	16	1,647.		1,513.	134.
1697	FURNITURE DISPL							
	080197	200DB	7.00	16	240.		223.	17.
1797	COMPUTER							
	080897	200DB	5.00	16	1,655.		1,552.	103.
1897	FILE CAB. DISPL							
	120197	200DB	5.00	16	302.		283.	19.
1997	FURNITURE/FIX							
	010197	200DB	7.00	16	15,169.		15,169.	0.
2098	PHONE SYSTEM							
	011598	200DB	5.00	16	1,389.		1,303.	86.
2198	VIDEO CAMERA							
	011598	200DB	5.00	16	3,758.		3,525.	233.
2298	PHONE SYSTEM							
	021598	200DB	5.00	16	2,084.		1,954.	130.
2398	PHONE SYSTEM							
	041598	200DB	5.00	16	593.		556.	37.
2498	PHONE SYSTEM							
	051598	200DB	5.00	16	158.		148.	10.
2598	CHAIRS							
	071598	200DB	7.00	16	602.		533.	10.
2698	FURNITURE							
	071598	200DB	7.00	16	432.		383.	7.
2798	PRINTER							
	071598	200DB	7.00	16	210.		186.	3.

516261
05-01-05

- Current year section 179 (D) - Asset disposed

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
28	98	FILE CABINET						
	0815	98200	DE	7.00	16	290.	257.	6.
29	98	OVERHEAD PROJ						
	1215	98200	DE	5.00	16	280.	263.	17.
30	98	SOFTWARE						
	0415	98SL		3.00	16	55.	55.	0.
31	98	SOFTWARE						
	0515	98SL		3.00	16	116.	116.	0.
32	98	FUNDRAIS SOFTWA						
	0815	98SL		3.00	16	2,691.	2,691.	0.
33	98	COMPUTER HARDWA						
	0315	98200	DE	5.00	16	106.	99.	7.
34	98	COMPUTER HARDWA						
	0715	98200	DE	5.00	16	134.	126.	8.
35	98	COMPUTER						
	0915	98200	DE	5.00	16	1,566.	1,468.	98.
36	98	LAPTOP COMPUTER						
	1015	98200	DE	5.00	16	1,755.	1,646.	109.
37	98	COMPUTER UPGRAD						
	1215	98200	DE	5.00	16	228.	214.	14.
38	99	COMPUTER						
	0630	99200	DE	5.00	17	1,025.	1,025.	0.
39	00	COMPUTER EQUIPM						
	0415	00200	DE	5.00	17	2,699.	2,544.	155.
40	00	COMPUTER EQUIPM						
	1015	00200	DE	5.00	17	335.	316.	19.
41	00	COMPUTER EQUIPM						
	0215	00200	DE	5.00	17	1,630.	1,537.	93.
42	00	COMPUTER EQUIPM						
	1215	00200	DE	5.00	17	530.	500.	30.
43	01	SOFTWARE						
	0201	01SL		3.00	16	250.	250.	0.
44	01	COMPUTER EQUIP						
	0201	01200	DE	5.00	17	756.	625.	87.
45	02	OFFICE FURNITUR						
	0601	02200	DE	7.00	17	550.	165.	145.
46	03	FURNITURE						
	0630	03200	DE	7.00	17	1,009.	267.	88.
47	03	COMPUTERS						
	0630	03200	DE	5.00	17	15,623.	5,625.	1,500.
48		SOFTWARE						
	0201	04SL		3.00	16	1,701.	851.	260.
49		SOFTWARE						
	0201	04SL		3.00	16	982.	491.	150.
50		COMPUTER						
	0201	04200	DE	5.00	17	793.	397.	79.
51		COMPUTER						
	0201	04200	DE	5.00	17	487.	243.	49.
52		LAPTOP						
	0401	04200	DE	5.00	17	2,301.	1,150.	231.
53		COMPUTER						
	0601	04200	DE	5.00	17	233.	116.	24.
54		LAPTOP						
	0601	04200	DE	5.00	17	1,929.	965.	193.

516261 05-01-05

Current year section 179 (D) - Asset disposed

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
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DESCRIPTION	AMOUNT
DONATION FROM IDE INTERNATIONAL	375,575.
BOOK/TAX DEPRECIATION DIFFERENCE	-1,502.
TOTAL TO FORM 990, PART I, LINE 20	374,073.

FORM 990	OTHER EXPENSES	STATEMENT	2
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTING	287,884.	287,884.		
MISCELLANEOUS	12,266.	12,266.		
MARKETING & PROMOTION	206,697.	206,697.		
PRODUCT DEVELOPMENT	333,590.	333,590.		
CAPITAL EXPENDITURES	35,617.	35,617.		
TRAINING & EDUCATION	300,277.	300,277.		
MATERIALS	264,431.	264,431.		
SOFTWARE & SOFTWARE SUPPORT	11,258.	11,258.		
EQUIPMENT	230,113.	230,113.		
PROJECT IMPLEMENTATION	53,636.	53,636.		
MISCELLANEOUS	86,573.		86,573.	
INTERNET	2,904.		2,904.	
TRAINING & EDUCATION	75.		75.	
SOFTWARE & SOFTWARE SUPPORT	10,878.		10,878.	
EQUIPMENT	16,535.		16,535.	
OTHER EXPENSES -FUNDRAISING	6,110.			6,110.
CD HOUSING	34,366.	34,366.		
CD INSURANCE	81,723.	81,723.		
CD TUTION	23,990.	23,990.		
DENVER ADMIN. COSTS	48,196.	48,196.		
DENVER K EXPENSES	72.	72.		
DENVER OVERHEAD	65,520.	65,520.		

INTERNATIONAL DEVELOPMENT ENTERPRISES

23-2220051

DENVER PROJECT IMPLEMENTATION	0.	0.		
DENVER STUDIES AND EVALUATION	3,614.	3,614.		
DENVER EXCHANGE RATE	1,737.	1,737.		
FIELD COMMUNICATION	3,071.	3,071.		
FIELD ASSISTANCE TO PARTNERS	175,207.	175,207.		
FIELD DEMONSTRATIONS	1,492.	1,492.		
FIELD CAPACITY BUILDING	121.	121.		
FIELD MATERIALS	4,723.	4,723.		
FIELD MEETINGS AND WORKSHOPS	6,627.	6,627.		
FIELD OVERHEAD	104,458.	104,458.		
FIELD STUDIES AND EVALUATION	7,536.	7,536.		
FIELD SUPPLIES	744.	744.		
FIELD EXCHANGE RATE GAIN/LOSS	-2,436.	-2,436.		
DENVER G&A	765,464.	765,464.		
DONATION EXPENSE	0.	0.		
FIELD ADMINISTRATIVE COSTS	612,062.	612,062.		
TOTAL TO FM 990, LN 43	3,797,131.	3,674,056.	116,965.	6,110.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 3

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHAEL EDESESS	48,000.			48,000.
A. PROGRAM SERVICES	48,000.			48,000.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
PAUL POLAK	115,067.			115,067.
A. PROGRAM SERVICES	115,067.			115,067.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
FRITZ KRAMER	97,740.			97,740.
A. PROGRAM SERVICES	97,740.			97,740.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JOHN KYLE BOICE	88,423.			88,423.
A. PROGRAM SERVICES	88,423.			88,423.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				349,230.
TOTAL MANAGEMENT AND GENERAL				
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				349,230.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

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

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
93 FURN/FIXTURES	2,618.	2,618.	0.
93 COMPUTER EQUIP	2,258.	2,258.	0.
94 FURN/FIXTURES	2,068.	2,068.	0.
94 COMPUTER EQUIP	4,633.	4,633.	0.
95 SOFTWARE	813.	813.	0.
95 COMPUTERS	1,349.	1,349.	0.
95 BOOKSHELVES	354.	354.	0.
96 TELEPHONE SYSTE	4,353.	4,353.	0.
96 CONF TABLE/CH	3,150.	3,150.	0.
96 LAPTOP COMPUTER	1,135.	1,135.	0.
96 MONITOR	375.	375.	0.
96 MODEM	211.	211.	0.
97 SOFTWARE	861.	861.	0.

INTERNATIONAL DEVELOPMENT ENTERPRISES

23-2220051

97 PHONE SYSTEM	302.	302.	0.
97 FURNITURE	1,647.	1,647.	0.
97 FURNITURE DISPL	240.	240.	0.
97 COMPUTER	1,655.	1,655.	0.
97 FILE CAB. DISPL	302.	302.	0.
97 FURNITURE/FIX	15,169.	15,169.	0.
98 PHONE SYSTEM	1,389.	1,389.	0.
98 VIDEO CAMERA	3,758.	3,758.	0.
98 PHONE SYSTEM	2,084.	2,084.	0.
98 PHONE SYSTEM	593.	593.	0.
98 PHONE SYSTEM	158.	158.	0.
98 CHAIRS	602.	543.	59.
98 FURNITURE	432.	390.	42.
98 PRINTER	210.	189.	21.
98 FILE CABINET	290.	263.	27.
98 OVERHEAD PROJ	280.	280.	0.
98 SOFTWARE	55.	55.	0.
98 SOFTWARE	116.	116.	0.
98 FUNDRAIS SOFTWA	2,691.	2,691.	0.
98 COMPUTER HARDWA	106.	106.	0.
98 COMPUTER HARDWA	134.	134.	0.
98 COMPUTER	1,566.	1,566.	0.
98 LAPTOP COMPUTER	1,755.	1,755.	0.
98 COMPUTER UPGRAD	228.	228.	0.
99 COMPUTER	1,025.	1,025.	0.
00 COMPUTER EQUIPM	2,699.	2,699.	0.
00 COMPUTER EQUIPM	335.	335.	0.
00 COMPUTER EQUIPM	1,630.	1,630.	0.
00 COMPUTER EQUIPM	530.	530.	0.
01 SOFTWARE	250.	250.	0.
01 COMPUTER EQUIP	756.	712.	44.
02 OFFICE FURNITUR	550.	358.	192.
03 FURNITURE	1,009.	355.	654.
03 COMPUTERS	15,623.	7,125.	8,498.
SOFTWARE	1,701.	1,395.	306.
SOFTWARE	982.	805.	177.
COMPUTER	793.	603.	190.
COMPUTER	487.	370.	117.
LAPTOP	2,301.	1,749.	552.
COMPUTER	233.	177.	56.
LAPTOP	1,929.	1,467.	462.
LAPTOP	1,324.	1,006.	318.
COMPUTER	589.	448.	141.
LAPTOP	2,248.	1,708.	540.
DIGITAL CAMERA	830.	630.	200.
PARTITIONS	489.	371.	118.
CHAIR	80.	61.	19.
POWERLITE PROJECTOR	623.	156.	467.
COMPUTER	633.	158.	475.
COMPUTER	1,110.	55.	1,055.
SOFTWARE	1,200.	133.	1,067.
TOTAL TO FORM 990, PART IV, LN 57	101,899.	86,102.	15,797.

FORM 990	OTHER ASSETS	STATEMENT	6
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DESCRIPTION	AMOUNT
FIELD PREPAID	3,000.
OTHER ASSETS	73,036.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	76,036.

FORM 990	OTHER LIABILITIES	STATEMENT	7
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DESCRIPTION	AMOUNT
COMMITMENTS AGAINST FUTURE DEPOSITS	0.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	0.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	8
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
PAUL POLAK 24 S LOOKOUT MOUNTAIN CIRCLE GOLDEN, CO 80401	PRESIDENT 40.00	115,067.	0.	0.
PAUL MYERS 704 MAIN STREET, P.O. BOX 500 AKRON, PA 17501	SECRETARY 0.00	0.	0.	0.
MICHAEL EDESESS 1020 15TH STREET, SUITE 28F DENVER, CO 80202	CHAIRMAN 20.00	48,000.	0.	0.
SALLY ZIMMERMAN 980 MANOR DRIVE SONOMA, CA 95476	DIRECTOR 0.00	0.	0.	0.
JACK KELLER 78 EAST CENTER LOGAN, UT 84321	DIRECTOR 0.00	0.	0.	0.

INTERNATIONAL DEVELOPMENT ENTERPRISES

23-2220051

FRITZ KRAMER 10403 WEST COLFAX, SUITE 500 LAKEWOOD, CO 80215	COO 40.00	97,740.	0.	0.
GARY BARR 1567 PRINCE CREEK DR. CARBONDALE, CO 81623	TREASURER 0.00	0.	0.	0.
PAULA HERZMARK 660 BANNOCK ST., MAIL CODE 0278 DENVER, CO 80204	DIRECTOR 0.00	0.	0.	0.
MIKE MCCUNE 3996 SOUTH MAGNOLIA WAY DENVER, CO 80237	DIRECTOR 0.00	0.	0.	0.
MOHAN UTTARWAR 21620 RAINBOW DRIVE CUPERTINO, CA 95014	DIRECTOR 0.00	0.	0.	0.
TOM CONGDON 1510 EAST 10TH AVENUE DENVER, CO 80218	DIRECTOR 0.00	0.	0.	0.
JOHN KYLE BOICE 10403 WEST COLFAX, SUITE 500 LAKEWOOD, CO 80215	CFO 40.00	88,423.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		349,230.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 9
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
IDE - CANADA (CANADIAN ORGANIZATION)	X	
IDE - UK (UK ORGANIZATION)	X	
IDE - ZIMBABWE (ZIMBABWE ORGANIZATION)	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 10
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CONSULTING FEES PROVIDE TECHNICAL ASSISTANCE, SMALL-SCALE IRRIGATION, AND APPROPRIATE TECHNOLOGY.
95	INVESTMENTS ARE MADE PRIMARILY TO GENERATE INCOME USED IN TECHNOLOGY DEVELOPMENT IN UNDERDEVELOPED COUNTRIES.
103A	OTHER REVENUE PROVIDES TECHNICAL ASSISTANCE, SMALL-SCALE IRRIGATION, AND APPROPRIATE TECHNOLOGY.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
CONSULTING FEES	22,900.	108,246.	162,266.	21,090.
OTHER REVENUE	39,913.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	62,813.	108,246.	162,266.	21,090.

Depreciation and Amortization 990
 (Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return

Name(s) shown on return: **INTERNATIONAL DEVELOPMENT ENTERPRISES**
 Business or activity to which this form relates: **FORM 990 PAGE 2**
 Identifying number: **23-2220051**

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 the instructions for a higher limit for certain businesses	1	105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000.
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 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 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	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 2006. Add lines 9 and 10, less line 12	13	

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

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,320.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	3,829.
18	If you are electing 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 2005 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						
b	5-year property		2,366.	5 YRS.	MQ	200DB	369.
c	7-year property						
d	10 year property						
e	15 year property						
f	20 year property						
g	25 year property			25 yrs		S/L	
h	Residential rental property	/		27 5 yrs	MM	S/L	
		/		27 5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2005 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 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	7,518.
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 the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No									24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use								25			
26 Property used more than 50% in a qualified business use											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use											
		%				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)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
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	
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes		No		Yes		No		Yes		No	
36 Is another vehicle available for personal use?	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

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 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? 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 2005 tax year					
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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)
- 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)

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3 month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3 month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

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

- The books are in the care of ▶ **THE ORGANIZATION**
 Telephone No ▶ **(303) 232-4336** FAX No ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a Form 990-T corporation) extension of time until **AUGUST 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year **2005** 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. \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879 EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 12-2004)