



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No 1545 1150

2006

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning , 2006, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C INTERACTION DESIGN ASSOCIATION INC C/O CATALYST GROUP 345 7TH AVENUE FL 11 NEW YORK, NY 10001	D Employer identification number 20-3635652
		E Telephone number (212) 243-7777
		F Group Exemption Number

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

G Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶
--

I Website: ▶ HTTP://WWW.IXDA.ORG

J Organization type (check only one) — 501(c) (6) (insert no) 4947(a)(1) or 527

H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$. 9,480.

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

1	Contributions, gifts, grants, and similar amounts received	1	9,477.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	3.
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> . Gross revenue not including \$ _____ of contributions reported on line 1.	6a	
		6b	
		6c	
7a	Gross sales of inventory, less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
8	Other revenue (describe ▶)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	9,480.
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	3,412.
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	147.
16	Other expenses (describe ▶ See Statement 1)	16	4,204.
17	Total expenses (add lines 10 through 16)	17	7,763.
18	Excess or (deficit) for the year (line 9 less line 17)	18	1,717.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	3,456.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	5,173.

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

	(A) Beginning of year	(B) End of year		
22	Cash, savings, and investments	22	3,456.	5,173.
23	Land and buildings	23		
24	Other assets (describe ▶)	24		
25	Total assets	25	3,456.	5,173.
26	Total liabilities (describe ▶)	26	0	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	3,456.	5,173.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0803L 01/19/07

Form 990-EZ (2006)

SCANNED JUL 15 2010

RECEIVED
MAY 20 2010
TPR BRANCH
OGDEN UT
E2-611

P7

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses
What is the organization's primary exempt purpose? See Statement 2		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	See Statement 3	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a
31	Other program services (attach schedule)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 4		0.	0.	0.

Part V Other Information (Note the statement requirement in the instructions)		See Statement 5	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity			X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes			X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' attach a statement)	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37 a	0.	
	b Did the organization file Form 1120-POL for this year?	37 b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		X
	b If 'Yes,' attach the sch specified in the line 38 instructions and enter the amount involved	38 b	N/A	
39	501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	39 a	N/A	
	b Gross receipts, included on line 9, for public use of club facilities	39 b	N/A	

Part V Other Information (Note the statement requirement in the instructions) (Continued)

40a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A

b 501(c)(3) and (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 an explanation

	Yes	No
40b	N/A	
40c		
40d		
40e		X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

41 List the states with which a copy of this return is filed ▶ None

42 a The books are in care of ▶ CATALYST GROUP Telephone no ▶ _____
 Located at ▶ 345 7TH AVENUE 11TH FLOOR, NEW YORK NY ZIP + 4 ▶ 10001

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)?

If 'Yes,' enter the name of the foreign country ▶ _____

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

If 'Yes,' enter the name of the foreign country ▶ _____

	Yes	No
42b		X
42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A

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

Please Sign Here

Signature of officer [Signature] Date 5/19/10
 Type or print name and title NICHOLAS GOULD, SECRETARY

Paid Preparer's Use Only

Preparer's signature [Signature] Date 5/10/10 Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 SILVERMAN LINDEN JOHNSON LLP
1500 Broadway
NEW YORK, NY 10036-4055 Preparer's SSN or PTIN (See General Instruction X) P00544228
 EIN ▶ 22-2848368 Phone no ▶ (212) 967-9080

Client IXDA

INTERACTION DESIGN ASSOCIATION INC

20-3635652

5/08/10

09 30AM

Statement 1
Form 990-EZ, Part I, Line 16
Other Expenses

BANK SERVICE CHARGES	\$	168.
Conferences, Conventions, And Meetings		938.
FILING FEE		40.
INFORMATION TECHNOLOGY		654.
MEALS & ENTERTAINMENT		1,062.
MISCELLANEOUS		16.
Travel		1,326.
Total	\$	<u>4,204.</u>

Statement 2
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Interaction Design Association Inc. (IXDA) believes that the human condition is increasingly challenged by poor experiences. IXDA intends to improve the human condition by advancing the discipline of Interaction Design. To do this, we foster a community of people that choose to come together to support this intention. IXDA relies on individual initiative, contribution, sharing and self-organization as the primary means for us to achieve our goals.

IXDA relies on its passionate subscribers and volunteers to help serve the needs of the international Interaction Design community. With more than 15,000 subscribers and over 80 local groups around the world, the IXDA network actively focuses on interaction design issues for the practitioner, no matter their level of experience. We focus on the following core topics/initiatives:

Education and Mentoring
 Local Groups
 Interaction Conference
 Public Relations for IXDA
 Outreach to Business
 Internationalization of IXDA

Statement 3
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

<u>Description</u>	<u>Grants and Allocations</u>	<u>Program Service Expenses</u>
Interaction Design Association Inc. (IXDA) continued to expand its outreach to the Interaction Design community and counted over 2200 mailing list subscribers by year-end.		

IXDA also continued to organize Interaction Design local groups around the country - with 12 active groups by the end of the year.

Includes Foreign Grants: No

<u>\$</u>	<u>0.</u>	<u>\$</u>	<u>0.</u>
-----------	-----------	-----------	-----------

Client IXDA

INTERACTION DESIGN ASSOCIATION INC

20-3635652

5/08/10

09 30AM

Statement 4
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
ROBERT REIMANN 145 KIRKSTALL ROAD NEWTON, MA 02460	President 0	\$ 0.	\$ 0.	\$ 0.
DAVID MALOUF 729 EAST 51ST STREET SAVANNAH, GA 31405	Vice President 0	0.	0.	0.
JOSH SEIDEN 211 WYCKOFF STREET BROOKLYN, NY 11217	Secretary 0	0.	0.	0.
GREG PETROFF 15548 KAVIN LANE MONTE SERENO, CA 95030	Treasurer 0	0.	0.	0.
CARRIE RITCH 1970 BAIRD ROAD PENFIELD, NY 14526	0	0.	0.	0.
DAN SAFFER 1134 HAIGHT STREET SAN FRANCISCO, CA 94117	0	0.	0.	0.
LADA GORLENKO 24939 SE 42ND DRIVE ISSAQUAH, WA 98029	0	0.	0.	0.
LUKE WROBLEWSKI 5390 KEENE DRIVE SAN JOSE, CA 95124	0	0.	0.	0.
PABINI GABRIEL-PETIT P.O. BOX 2100 BOULDER CREEK, CA 95006	0	0.	0.	0.
Total		\$ 0.	\$ 0	\$ 0.

Statement 5
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

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

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No