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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

2007

Open to Public Inspection

Form 990-EZ

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.

ENVELOPE POSTMARK DATE MAY 16 2010

A For the 2007 calendar year, or tax year beginning, 2007, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, 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: [X] Cash [ ] Accrual. Other (specify):

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: HTTP://WWW.IXDA.ORG

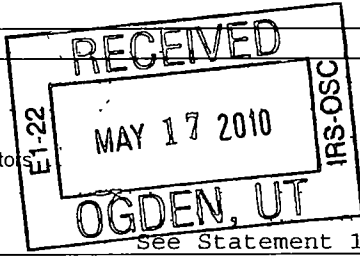
J Organization type (check only one): [X] 501(c) ( 6 ) (insert no) 4947(a)(1) or 527

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. \$ 68,406.

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

Table with 21 rows for revenue and expenses. Line 1: Contributions, gifts, grants, and similar amounts received: 68,400. Line 9: Total revenue: 68,406. Line 16: Total expenses: 9,964. Line 17: Excess or (deficit) for the year: 53,682. Line 21: Net assets or fund balances at end of year: 58,855.



SCANNED JUL 17 2010

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)

Table with 7 rows for balance sheet items. Line 25: Total assets: 5,173. Line 27: Net assets or fund balances: 5,173.

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

TEEA0803L 08/06/07 Form 990-EZ (2007)

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Handwritten initials and mark

<b>Part III</b> Statement of Program Service Accomplishments (See the instructions)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>See Statement 2</u> 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 <u>See Statement 3</u> ----- ----- (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 <b>Total program service expenses</b> Add lines 28a through 31a <span style="float:right">▶</span>	<b>32</b>

<b>Part IV</b> 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
<u>See Statement 4</u> ----- -----		0.	0.	0.
----- -----				
----- -----				
----- -----				

<b>Part V</b> Other Information (Note the statement requirement in the instructions)	<b>See Statement 5</b>	<b>Yes</b>	<b>No</b>
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		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	34		X
35 <i>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</i>			
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 <span style="float:right">▶</span> <u>37 a</u> 0.	37 a		
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 schedule 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
<b>40b</b>	N/A	
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		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 ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

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 ▶ \_\_\_\_\_

**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 5/14/10  
NICHOLS GARD SECRETARY  
 Type or print name and title

**Paid Preparer's Use Only**

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

Client IXDA

INTERACTION DESIGN ASSOCIATION INC

20-3635652

5/08/10

09 34AM

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

BANK SERVICE CHARGES	\$ 2,532.
Conferences, Conventions, And Meetings	3,227.
INFORMATION TECHNOLOGY	921.
MEALS & ENTERTAINMENT	103.
Travel	3,181.
Total	<u>\$ 9,964.</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) re-launched the official organization website with an updated visual identity and the integration of the mailing list into an online forum to further enable interaction designers around the world to virtually meet and discuss their profession		
IxDA also launched an IxDA group on LinkedIn and expanded local groups to over 20.		
Includes Foreign Grants: No		
	<u>\$ 0.</u>	<u>\$ 0.</u>

Client IXDA

INTERACTION DESIGN ASSOCIATION INC

20-3635652

5/08/10

09 34AM

**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.
DAN SAFFER 1134 HAIGHT STREET SAN FRANCISCO, CA 94117	0	0.	0.	0.
ELIZABETH BACON 25 NW 95TH AVE PORTLAND, OR 97229	0	0.	0.	0.
NIKLAS WOLKERT SPELMANSVAGEN 22 VENDELISO, 13675 Sweden	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