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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)

Department of the Treasury  
Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

**2008**

Open to Public Inspection

**A For the 2008 calendar year, or tax year beginning**

**, 2008, and ending**

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Termination
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**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  Cash  Accrual  
Other (specify) \_\_\_\_\_

**H** Check  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) —  501(c) ( 6 ) (insert no)  4947(a)(1) or  527

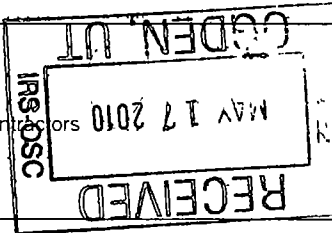
**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ

\$ 351,890.

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

<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	351,856.
<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
<b>3</b>	Membership dues and assessments	<b>3</b>	
<b>4</b>	Investment income	<b>4</b>	34.
<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>5b</b>	Less cost or other basis and sales expenses	<b>5b</b>	
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
<b>6</b>	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	<b>6</b>	
<b>6a</b>	Gross revenue (not including \$ _____ of contributions reported on line 1)	<b>6a</b>	
<b>6b</b>	Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>6c</b>	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>7b</b>	Less cost of goods sold	<b>7b</b>	
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b>	Other revenue (describe _____)	<b>8</b>	
<b>9</b>	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	351,890.
<b>10</b>	Grants and similar amounts paid (attach schedule)	<b>10</b>	
<b>11</b>	Benefits paid to or for members	<b>11</b>	
<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	
<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	
<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	8,118.
<b>16</b>	Other expenses (describe <u>See Statement 1</u> )	<b>16</b>	265,508.
<b>17</b>	<b>Total expenses</b> (add lines 10 through 16)	<b>17</b>	273,626.
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	78,264.
<b>19</b>	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)	<b>19</b>	58,855
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	<b>20</b>	
<b>21</b>	Net assets or fund balances at end of year (Combine lines 18 through 20)	<b>21</b>	137,119.



**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	58,855.	<b>22</b> 137,119.
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe _____)		<b>24</b>
<b>25</b> Total assets	58,855.	<b>25</b> 137,119.
<b>26</b> Total liabilities (describe _____)	0.	<b>26</b> 0.
<b>27</b> Net assets or fund balances (Line 27 of column (B) must agree with line 21)	58,855.	<b>27</b> 137,119.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

ENVELOPE POSTMARK DATE MAY 16 2010

SCANNED JUL 13 2010

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<b>Part III</b> Statement of Program Service Accomplishments (See the instructions.)	<b>Expenses</b>
What is the organization's primary exempt purpose? <u>See Statement 2</u>	(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 <u>See Statement 3</u>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28 a</b>
29 _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29 a</b>
30 _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30 a</b>
31 Other program services (attach schedule)	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31 a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>

<b>Part IV</b> List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)				
(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
JOSH SEIDEN 211 WYCKOFF STREET BROOKLYN, NY 11217	President 0	0.	0.	0.
ELIZABETH BACON 25 NW 95TH AVENUE PORTLAND, OR 97229	Vice President 0	0.	0.	0.
JEREMY YUILE 435 DRYBURGH STREET NORTH MELBORNE, VICTORIA 3051 Australia	Secretary 0	0.	0.	0.
BILL DEROUCHÉY 3424 NE JESSUP STREET PORTLAND, OR 97211	Treasurer 0	0.	0.	0.
DAN SAFFER 1134 HAIGHT STREET SAN FRANCISCO, CA 94117	0	0.	0.	0.
GREG PETROFF 15548 KAVIN LANE MONTE SERENO, CA 95030	0	0.	0.	0.
JANNA DEVEYLDER 118 LYMAN HALL SAVANNAH, GA 31410	0	0.	0.	0.
JIM LEFTWICH 131 HAWTHORNE AVENUE UNIT F PALO ALTO, CA 94301	0	0.	0.	0.
NASIR BARDAY 30 W 87TH STREET #2A NEW YORK, NY 10024	0	0.	0.	0.

**Part V Other Information** (Note the statement requirement in General Instruction V.)

		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, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
35b	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
36	36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	37a Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 0.</span>		
37b	b Did the organization file <b>Form 1120-POL</b> for this year?		X
38a	38a 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?		X
38b	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float:right">N/A</span>		
39	39 501(c)(7) organizations Enter		
39a	a Initiation fees and capital contributions included on line 9 <span style="float:right">N/A</span>		
39b	b Gross receipts, included on line 9, for public use of club facilities <span style="float:right">N/A</span>		
40a	40a 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>		
40b	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,' complete Schedule L, Part I		
40c	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
40d	d Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
40e	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ CATALYST GROUP Telephone no ▶ (212) 243-7777  
 Located at ▶ 345 7TH AVENUE 11TH FLOOR NEW YORK NY ZIP + 4 ▶ 10001

		Yes	No
42b	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 ▶ _____		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts</b>			
42c	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 ▶ _____		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

		Yes	No
44	44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If 'Yes,' was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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Total number of other employees paid over \$100,000	▶			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
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Total number of other independent contractors receiving over \$100,000	▶	

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.

Sign Here

Signature of officer: *[Handwritten Signature]* Date: 5/14/10  
 Type or print name and title: Nicholas Gall Secretary

Paid Preparer's Use Only

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

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

BAA

Client IXDA

INTERACTION DESIGN ASSOCIATION INC

20-3635652

5/08/10

09 36AM

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

Advertising and Promotion	\$ 4,834.
BANK SERVICE CHARGES	2,529.
Conferences, Conventions, and Meetings	242,678.
Information Technology	1,417.
Insurance	1,532.
MEALS & ENTERTAINMENT	57.
MISCELLANEOUS	598.
Travel	11,863.
Total	<u>\$ 265,508.</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**

Interaction Design Association Inc. (IxDA) launched its first Interactions conference in Savannah, GA. The conference attracted many leading speakers and thinkers in the Interaction Design field and was a sold-out event. 450 Interaction Designers and related professionals attended and the conference waiting list was over 125 people.

IxDA's mailing list subscriptions grew to over 8,000 and the local groups numbered over 70