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## 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)

► 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 \$500,000 and total assets less than \$1,250,000 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.

2009

Open to Public  
Inspection

## A For the 2009 calendar year, or tax year beginning

, and ending

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC</b>			D Employer identification number 13-3673284
Address change		Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number 718-6523978	
Name change		PO BOX 1350		F Group Exemption Number ►	
Initial return		City, town, or country BRONX	State NY	ZIP + 4 10466	
Terminated					
Amended return					
Application pending					

- 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) ►

I Website: ► [WWW.OIDINC.ORG](http://WWW.OIDINC.ORG)J Tax-exempt status (check only one) —  501(c) ( 3 ) ► (insert no)  4947(a)(1) or  527H Check ►  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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 123,240

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

1 Contributions, gifts, grants, and similar amounts received . . . . .	1 59,494
2 Program service revenue including government fees and contracts . . . . .	2 0
3 Membership dues and assessments . . . . .	3 2,400
4 Investment income . . . . .	4 37
5a Gross amount from sale of assets other than inventory . . . . .	5a 0
b Less: cost or other basis and sales expenses . . . . .	5b 0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 0
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6c 22,198
a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a 61,309
b Less: direct expenses other than fundraising expenses . . . . .	6b 39,111
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	7a 0
7a Gross sales of inventory, less returns and allowances . . . . .	7b 0
b Less cost of goods sold . . . . .	7c 0
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	8 0
8 Other revenue (describe ► ) . . . . .	9 84,129
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	► 10 12,051
10 Grants and similar amounts paid (attach schedule) . . . . .	11 0
11 Benefits paid to or for members . . . . .	12 0
12 Salaries, other compensation, and employee benefits . . . . .	13 3,000
13 Professional fees and other payments to independent contractors . . . . .	14 8,655
14 Occupancy, rent, utilities, and maintenance . . . . .	15 2,188
15 Printing, publications, postage, and shipping . . . . .	16 75,411
16 Other expenses (describe ► See Attached Statement) . . . . .	17 101,305
17 Total expenses. Add lines 10 through 16 . . . . .	18 -17,176
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	19 96,198
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) . . . . .	20 0
20 Other changes in net assets or fund balances (attach explanation) . . . . .	21 79,022
21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	41,497 22	52,424
23 Land and buildings . . . . .	0 23	0
24 Other assets (describe ► See Attached Statement) . . . . .	68,500 24	35,632
25 Total assets . . . . .	109,997 25	88,056
26 Total liabilities (describe ► GRANTS & ACCRUALS) . . . . .	13,799 26	9,034
27 Net assets or fund balances (line 25 of column (B) must agree with line 21) . . . . .	96,198 27	79,022

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

(HTA)

Form 990-EZ (2009)

9-9

10

SCANNED JUL 07 2010

Revenue Expenses Net Assets



## Part V Other Information (Note the statement requirements in the instructions for Part 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.	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	34	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 why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.	37a	0
a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37b	X
b Did the organization file Form 1120-POL for this year?	38a	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 outstanding at the end of the period covered by this return?	38b	0
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9.	40a	
b Gross receipts, included on line 9, for public use of club facilities.	40b	X
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 0	40c	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40d	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	40e	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.	40f	
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.	40g	
41 List the states with which a copy of this return is filed. ► NY		
42 a The organization's books are in care of ► MARCIA JONES	Telephone no. ► (914) 664-5448	
Located at ► 292 EAST SIDNEY AVE. City MOUNT VERNON ST. NY ZIP + 4 ► 10553		
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)?	42b	X
If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42c	X
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 and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
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.	45	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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. . . . . Yes  No   
 46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . Yes  No   
 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . Yes  No   
 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes  No   
 49a X

b If "Yes," was the related organization a section 527 organization? . . . . . Yes  No   
 49b X

50 Complete this table for the organization's 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 & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
f Total number of other employees paid over \$100,000 . . . . . ►				

51 Complete this table for the organization's 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
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each 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**

4/25/2010

Date 4-25-10

TREASURER

Signature of officer

MARCI JONES

Type or print name and title

**Paid  
Preparer's  
Use Only**

Preparer's  
signature

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

Speedie R. Plummer

52 Mount Vernon Ave. Mount Vernon, NY

Date 04-25-10

Check if  
self-  
employed

Preparer's identifying number (See instructions)

EIN

► 155-70-2327

Phone no

► (914) 663-7700

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

Yes  No

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Name of the organization**

## ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

**Employer identification number**

13-3673284

**Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.**

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9  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 exempt 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)**. (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .

(ii) A family member of a person described in (i) above? . . . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	233,155	59,841	74,764	92,677	84,129	544,566
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
4 Total. Add lines 1 through 3 . . . . .	233,155	59,841	74,764	92,677	84,129	544,566
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4. . . . .						544,566

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	233,155	59,841	74,764	92,677	84,129	544,566
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
	378	161	0	15	37	591
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
11 Total support. Add lines 7 through 10. . . . .						545,157
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	0.00%
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III****Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . . .						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
6 Total. Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	0.00%
19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input checked="" type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Department of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate Instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 590 or Form 590-EE. ► See separate instructions.

**Name of the organization**

**ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.**

**Employer identification number**

13-3673284

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

## Part I

Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue	(a) Event #1 LUNCHEON (event type)	(b) Event #2 GALA (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts . . . . .	26,071	35,238	0
	2 Less Charitable contributions . . . . .	0	0	0
	3 Gross income (line 1 minus line 2) . . . . .	26,071	35,238	0
	4 Cash prizes . . . . .	0	0	0
	5 Noncash prizes . . . . .	0	0	0
Direct Expenses	6 Rent/facility costs . . . . .	9,456	7,560	0
	7 Food and beverages . . . . .	7,421	14,174	0
	8 Entertainment . . . . .	0	500	0
	9 Other direct expenses . . . . .	0	0	0
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .			► ( 39,111)
	11 Net income summary. Combine line 3, column (d), and line 10 . . . . .			► 22,198

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue . . . . .			0
	2 Cash prizes . . . . .			0
	3 Noncash prizes . . . . .			0
Direct Expenses	4 Rent/facility costs . . . . .			0
	5 Other direct expenses . . . . .			0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .			► ( 0)
	8 Net gaming income summary. Combine line 1, column d, and line 7 . . . . .			0

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? . . . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .

Yes	No
9a	
10a	
11	
12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility . . . . .
- b An outside facility . . . . .

	Yes	No
13a	%	
13b	%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

- c If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

16 Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_ 0

Description of services provided ► \_\_\_\_\_

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

15a

17a

## Depreciation and Amortization

## (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

ORGANIZATION FOR INTERNATIONAL DEV

Business or activity to which this form relates

Identifying number

990EZ  
13-3673284

► See separate instructions. ► Attach to your tax return.

## 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	250,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	2,176
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .	4	0
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	250,000

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	0
9 Tentative deduction. Enter the smaller of line 5 or line 8 . . . . .	9	0
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562. . . . .	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	0
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 . . . . .	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

## 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 2009 . . . . .	17	
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 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
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	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

## Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year					S/L	
c 40-year			12 yrs.		S/L	

## Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28 . . . . .	21	33,632
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 instructions . . . . .	22	33,632
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	

For Paperwork Reduction Act Notice, see separate instructions.

(HTA)

**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 dep- reciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .								25	1,088	
26 Property used more than 50% in a qualified business use:										
HP LAP TOP COMP	2/12/2009	100.00%	2,176		4	200DB - HY	544			
MEDICAL VAN	1/15/2006	100.00%	160,000	160,000	5	200DB - HY	32,000			
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	33,632	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .								29	0	

**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). 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6					
Yes	No	Yes	No	Yes	No	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 (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles	Yes	No

Part VI <b>Amortization</b>	(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 2009 tax year (see instructions):					

43 Amortization of costs that began before your 2009 tax year . . . . .	43	
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .	44	0

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT INC.

PO BOX 1350  
BRONX, NY 10466

FINANCIAL REPORTS  
AS AT  
DECEMBER 31, 2009

**ORGANIZATION FOR INTERNATIONAL DEVELOPMENT INC.**

**STATEMENT OF FINANCIAL POSITION  
AS AT DECEMBER,31,2009**

**BALANCE SHEET**

**ASSETS**

**CURRENT ASSETS.**

Cash in hand & Bank	52,424
Prepaid Expense	2,000
<b>TOTAL CURRENT ASSETS</b>	<b>54,424</b>
<b>FIXED ASSETS</b>	
Equipments	162,176
Less Depreciation	-128,544
	33,632
<b>TOTAL ASSETS</b>	<b>88,056</b>

**LIABILITIES & EQUITY**

**CURRENT LIABILITIES**

Grants Payable	6,034
Accrued Expenses	3,000
<b>TOTAL CURRENT LIABILITIES</b>	<b>9,034</b>

**OTHER LIABILITIES**

Fund Balance	79,022
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>88,056</b>

**ORGANIZATION FOR INTERNATIONAL DEVELOPMENT INC**

**STATEMENT OF INCOME & EXPENSES**  
**AS AT DECEMBER 31,2009**

**INCOME**

Contributions & Gifts	59,494
Fund Raising	22,198
Membership Dues	2,400
Other	37
<b>TOTAL INCOME</b>	<b>84,129</b>

**EXPENSES**

Medical Supplies	10,115
Dental Supplies	14,440
Awards & Recognitions	856
Special Projects	5,853
Postage	274
Accounting/Audit	3,000
Shipping & Storage	1,914
Mission Expenses	13,892
Telephone Exp.	1,019
Bank Charges	45
Medical Van Exp.	2,500
Depreciation Exp.	32,544
Sponsorship	6,198
Rent	7,800
Office Supplies	780
State Tax	75
<b>TOTAL EXPENSES</b>	<b>101,305</b>

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**NET INCOME (LOSS)** **-17,176**

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### SCHEDULE OF GRANTS PAYABLE

December 31, 2009

Medical Van Fund	0
Sponsorship Fund	0
Hurricane Relief Fund	0
Moore Town Face Lift	0
Dr. Roy Streete Scholarship	2,834
Lucea Hospital	0
Africa Fund	400
Summit Project	2,800
 TOTAL	 \$ 6,034

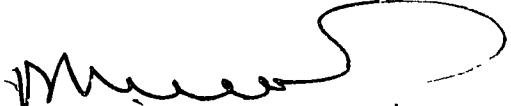
### ACRUED EXPENSES

Accounting/Audit.	\$3,000
 TOTAL GRANTS & ACCRUALS	 \$ 9,034

STATEMENT FROM INDEPENDENT ACCOUNTANTS

I have examined the Books and Records of the Organization For International Development Inc, as at December 31, 2009, and in my opinion the attached Balance Sheet and Income & Expenditure Report significantly represent the status of the Corporation's Financial Position as at that date.

The Accounting method is on a Cash Basis, and the Records are in keeping with Generally Accepted Accounting Principles



Speedie R. Plummer, Accountant.  
52 Mount Vernon Ave  
Mount Vernon, NY 10550

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

PO BOX 1350  
BRONX, NY 10466

MANAGEMENT REVIEW AND CERTIFICATION

We have reviewed the Accounts and Records of the Organization For International Development, Inc. as at December 31, 2009 and in our opinion the accompanying Balance Sheet and Income & Expenditure Statements represent in all material respect, the financial position of the Corporation.

Sign.

President

Ray Steele

Sign.

Treasurer

Mary J. Ross