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, Form 990

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calend	dar year,	or tax year beginn	ing 7/01	, 2009, and ending	6/30	, 2	2010	
В	Check if a	pplicable		С			D Emplo	yer Identifica	tion Number	
	Addr	ess change	Please use IRS label	Internation	al Development	Exchange	77-	007185	2	
	\vdash	e change	or print or type.		a Street #101	,		one number		
	\vdash	-	See	San Francis	co, CA 94110					
	\vdash	ıl return	specific Instruc-							
	\vdash	nination	tions.				l_			
	Ame	nded return		<u>l</u>			G Gross		1,066,	_
	Appl	ication pending	F Name	and address of principal	officer		H(a) Is this a group retu		S? Yes	X No
			Same A	As C Above		'	H(b) Are all affiliates ind If 'No,' attach a list		Yes Yes	No
ī	Tax-e	exempt statu	s X 501	(c) (3) ◄ (insert no) 4947	(a)(1) or 527	ii iio, attacii a iist	(acc manuci	110(13)	
J		site: N/			· / · L		H(c) Group exemption in	umber >		
ĸ		f organization	Corpora	ation Trust	Association Other	L Year of Formation		State of legal	domicile	
	ırt I	Summa		111031	7.5500.01.01	_ rear or remain	1	otate of legar		
				ganization's missio	n or most significant ac	tuutios IDEV prom	otos sustai	nahla	colution	
č					ong-term_grants		_tesources_	CO TOC	arra tau	
nan					Asia_and_Latin_					
le.		MEX bro	vides_	grants to i	or initiatives.	nr boor cominn:	ities_in_de	леторп	ng	
õ					discontinued its operati		re than 25% of its	1 - 1		10
অ					ning body (Part VI, line 1			3 4		$\frac{12}{12}$
ies	1				of the governing body (rait vi, iiile 10)		5		9
Ĭ				oyees (Part V, line teers (estimate if n			• • • •	6		0
Activities & Governance					rom Part VIII, column (0	') line 12		7a		- 0.
-	l .	_			om Form 990-T, line 34			7b		0.
	- 51	et uniterateu	Dusines	s taxable income ii	OIII FOIIII 550-1, IIIIE 54		T	1		
							Prior Year		Current Ye	
<u>e</u>				nts (Part VIII, line 1			913,	490.	1,001,	<u> 229.</u>
Revenue				ue (Part VIII, line						710
ڇ), lines 3, 4, and 7d)			352.		719.
	1				es 5, 6d, 8c, 9c, 10c, an			920.		863.
					must equal Part VIII, co		919,		1,006,	
					(, column (A), lines 1-3)		404,	491.	483,	984.
		•		•	, column (A), line 4)					
ø	15 S	alaries, othe	er compe	nsation, employee	benefits (Part IX, colum	ın (A), lines 5-10)	291,	964.	429,	083.
Expenses	16a P	rofessional t	fundraisir	ng fees (Part IX, co	lumm (A)_tine_11e)					
per	L			nses (Part IX, colu		D 111,567.				
页						70	159,	016	176	744.
	17 0	iner expens	es (Part	IX, column (A), lin	es 1 a-11d, 11f-24f) dua Parth (A) (collum) (A)	S				
	18 T	otal expense	es Add II	nes 13-17 (must e	dos Partition collumn (4)	11 line (25)	856,		1,089,	
		levenue less	expense	s Subtract line 18	from line 12	· S	63,	461.	-83,	000.
88					OGDEN, L	17	Beginning of	Year	End of Yea	ar
Not Assats Fund Balan	20 T	otal assets (Part X, I	ne 16)	L OODLIV, (<u> </u>	362,		375,	961.
80	21 T	otal liabilitie	s (Part X	, line 26) .			36,	034.	132,	312.
\$5	22 N	let assets or	fund hal	ances Subtract lin	e 21 from line 20		326,	650	243	649.
Pa	rt II	Signatu					3207	<u> </u>	2.07	
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		true, correct, a	percomplete	Declaration of preparer	mined this return, including acco (other than officer) is based on	all information of which prepar	er has any knowledge	of thy knowlet	uye anu bener, it	15
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110	10	Signature		LU RUA	Ia. I EV	ECUTIVE A	RECTOR	<i>,</i> .		
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		Type or pri	int name an	a title		···				
_				1	1 10.	Date	Check if self-	(see if	rer's identifying n istructions)	umber
Pa		Preparer's		licia n	· My	5/9/11	employed •	· ∐		
Pro		signature	► Mi	cia M Utley				P01	074236	
	rer's	Firm's name (c	r Bai	ley & Utley	CPA's					
Us		yours if self- employed),		West Joaqu:			EIN ► 9	94-3345	366	
On	ııy	address, and ZIP + 4		Leandro, CA				(510)	614-189	5
Mar	the IP					uctions)	T E HOUSE HO		X Yes	No
ivid	y une in	ง นเจนนธรี (กิ	າວ ເປເປໄປ	with the preparer s	shown above? (see instr	uctions <i>)</i>		14	17 162	1 110 7

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 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 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V 10 Х 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or Х 11 X as applicable Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI • Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII . Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total
assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 Yes No 12AWas the organization included in consolidated, independent audited financial statement for the tax X 12 year? If 'Yes,' completing Schedule D. Parts XI, XII, and XIII is optional Α Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 142 **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III 19

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

Х

Х

19

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No

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X

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X

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X

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Yes

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24a

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24d

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25b

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28b

28c

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Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II
 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part

United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II

21 X

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III .

23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current

and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?

25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I

b Is the organization 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*

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*

c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*

31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, Inne 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1 a 8 **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners? 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a Х 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **2**b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return Х b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If 'Yes,' enter the name of the foreign country: ► South Africa See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х X 5 b **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5 c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6ь Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services Х 7 a provided to the payor? 7h b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7с 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? Х 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 a 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a 9_b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 a

BAA Form **990** (2009)

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing Body and Management				
			, ,		Yes	No
		e number of voting members of the governing body	1a 12			
		e number of voting members that are independent .	1b 12	ľ	ľ	
2	Did any officer, of	officer, director, trustee, or key employee have a family relationship or lirector, trustee or key employee?	a business relationship with any other	2		X
3	Did the o	organization delegate control over management duties customarily perfics, directors or trustees, or key employees to a management company	ormed by or under the direct supervision or other person?	3		X
		organization make any significant changes to its organizational docume	F	4		X
	since the	prior Form 990 was filed?				
5	Did the d	organization become aware during the year of a material diversion of th	e organization's assets?	5		<u>X</u>
6	Does the	organization have members or stockholders?		6		X
7 a	Does the	organization have members, stockholders, or other persons who may g body?	elect one or more members of the	7a		<u>X</u>
b	Are any	decisions of the governing body subject to approval by members, stock	cholders, or other persons?	7b		X
8	Did the o	organization contemporaneously document the meetings held or written wing	actions undertaken during the year by			
а	The gove	erning body?		8a		X
b	Each cor	mmittee with authority to act on behalf of the governing body?		8ь		X
9	Is there	any officer, director or trustee, or key employee listed in Part VII, Sectition's mailing address? <i>If 'Yes,' provide the names and addresses in S</i>	on A, who cannot be reached at the chedule O	9		х
Sec		Policies (This Section B requests information about po				
Reve	enue Code	;)				
			r		Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10a		_X_
b	If 'Yes,' and bran	does the organization have written policies and procedures governing the	he activities of such chapters, affiliates, zation?	10ь		
		organization provided a copy of this Form 990 to all members of its gov		11	X	
11 A	Describe	in Schedule O the process, if any, used by the organization to review	this Form 990 See Schedule O			
		e organization have a written conflict of interest policy? If 'No,' go to lin		12a	Х	
b	Are offic to conflic	ers, directors or trustees, and key employees required to disclose annucts?	ally interests that could give rise	12b	х	<u> </u>
C	Does the Schedule	organization regularly and consistently monitor and enforce compliance O how this is done See Schedule O	ce with the policy? If 'Yes,' describe in	12 c	х	
13	Does the	organization have a written whistleblower policy?		13	X	
14	Does the	e organization have a written document retention and destruction policy	?	14	X	
15	Did the persons,	process for determining compensation of the following persons include comparability data, and contemporaneous substantiation of the deliber	a review and approval by independent ration and decision?			
		anization's CEO, Executive Director, or top management official See	Schedule 0	15 a	Х	
b	Other of	ficers of key employees of the organization	_	15 b		<u>X</u>
	If 'Yes' t	o line 15a or 15b, describe the process in Schedule O (See instruction	s)	1		
16 a	Did the o	organization invest in, contribute assets to, or participate in a joint vent iring the year?	ure or similar arrangement with a taxable	16 a		X
b	in joint v	has the organization adopted a written policy or procedure requiring the enture arrangements under applicable federal tax law, and taken steps ith respect to such arrangements?	e organization to evaluate its participation to safeguard the organization's exempt	16 b	- -	
Sec		Disclosures				
17	List the	states with which a copy of this Form 990 is required to be filed $ ightharpoons$	<u>A</u>			
18	Section (6104 requires an organization to make its Forms 1023 (or 1024 if applicant Indicate how you make these available. Check all that apply	cable), 990, and 990-T (501(c)(3)s only) av	aılabl	e for p	public
		website X Another's website X Upon request				
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its governs available to the public See Schedule O	verning documents, conflict of interest police	cy, ar	nd fina	incial
20	State the	e name, physical address, and telephone number of the person who po Same As Above				

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.												
(A)	(B)				c)			(D)	(E)	(F)		
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee	_	a Key employee	Highest compensated a employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
Paula Morris	2							0.	0.	0.		
Paula Vlamings Vice Chair	2							0.	0.	0.		
Diane Dodge	2						-	<u> </u>	0.	0.		
Aaron Zukoski	2							0.	0.	0.		
Molly Hoyt	2							0.	0.	0.		
Ken Tamura	2			_				0.	0.	0.		
Caitlin Stanton	2							0.	0.	0.		
Geraldine Poon	2							0.	0.	0.		
Mamta Ahluwalia	2							0.	0.	0.		
Pete Stanga Executive Direc	40	Х			х			34,998.	0.	0.		
Rajasvini Bhansali Executive Direc	40	х			х			59,904.	0.	0.		
Kenneth James PH.D Chairman	2			Х				0.	0.	0.		
Patricia Johnson Treasurer	2			Х				0.	0.	0.		
Kyra Lilien Vice Chairman	2			Х				0.	0.	0.		

Form 990 (2009) International Develor Part VII Section A. Officers, Directo	lopment	Excl	nan	ge E ~	n le)\/A	05	200	77-0071852				
(A)	is, irus		\ey				C 3,	alli			loyee		4_
		(B) Average	Poc.	tion (c)	hat a	nnhA	(D)	(E)	l _	(F)	
Name and Title		hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	amo com fr org ar	stimated unt of other noensation from the janization did related anizations	
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			<u></u>									=	
											-		
											-		
1 b Total								•	94,902.	0.			0.
2 Total number of individuals (including but from the organization ► 0	not limite	d to tho	se lı	stec	abo	ove)) wh	o re	ceived more than	\$100,000 in repor	table cor		
3 Did the organization list any former office on line 1a? If 'Yes,' complete Schedule J	er, director	or trust	ee,	key	emp	oloy	ee, o	or hi	ighest compensat	ed employee	3		lo
 4 For any individual listed on line 1a, is the the organization and related organization: 													<u>X</u>
 Individual Did any person listed on line 1a receive or rendered to the organization? If 'Yes,' con 											4		X
rendered to the organization? If 'Yes,' co. Section B. Independent Contractors	mplete Sci	nedule .	l for	suc	h pe	erso	n_				5		X
Complete this table for your five highest of compensation from the organization	compensat	ed inde	pend	dent	cor	ntrac	ctors	tha	t received more t	han \$100,000 of			
(A) Name and busine	ess addres	s							(B Description () of Services	Compe	C) ensation	
									 			 -	
			_										
													
2 Total number of independent contractors \$100,000 in compensation from the organ			lımı	ted	to th	1056	list	ed a	above) who receiv	ed more than			

rai	T VIII Statement of Revenue				
:		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a				
N N	b Membership dues 1b				1
£ 5	c Fundraising events 1c				
I A	d Related organizations 1 d			11	
S, E	e Government grants (contributions) 1 e				
S 2					
돌필	f All other contributions, gifts, grants, and similar amounts not included above 1,001,229.		18		
EO	g Noncash contribns included in lns 1a-1f:. \$	ĺ			
Ş₹	h Total. Add lines 1a-1f	1,001,229.	1		,
핔	Business Code	1,001,003.			
Ę,	2a			·	
즱	b				
핑	c				
	d				
Σ Z	~				
¥ Zg	f All other program service revenue	· · · · · · · · · · · · · · · · · · ·			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	g Total. Add lines 2a-2f				
- 1	Investment income (including dividends, interest and other similar amounts)	38.			38.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				ĺ
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 52, 960.				
	b Less cost or other basis				
	and sales expenses . 51,279.				
	c Gain or (loss) 1,681.				
	d Net gain or (loss)	1,681.	1,681.		
	8a Gross income from fundraising events		- -		
Ę	(not including \$				
<u> </u>	of contributions reported on line 1c)				
2	See Part IV, line 18 a 11,690.				
OTHER REVEN	b Less direct expenses b 8,299.				
۰	c Net income or (loss) from fundraising events ▶	3,391.	3,391.		<u></u>
	9a Gross income from gaming activities				
	9a Gross income from gaming activities See Part IV, line 19	1			ļ
	b Less [,] direct expenses b				
	c Net income or (loss) from gaming activities				
ı	10a Gross sales of inventory, less returns	I			
	and allowances a				
l	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				ļ
ļ	Miscellaneous Revenue Business Code				
	11a Insurance Claim	472.	472.		
1	b				
	c			<u> </u>	
ł	d All other revenue				
	e Total. Add lines 11a-11d	472.			<u> </u>
	12 Total revenue. See instructions	1,006,811.	5,544.	0.	38.

All other organizations must com	plete column (A) but a	re not required to compl	ete columns (B), (C), ar	nd (D).
	(4)	(B)	(C)	(1

	not include amounts reported on lines	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	and organizations in the U.S. See Part IV,	· · · · · · · · · · · · · · · · · · ·	expenses	general expenses	expenses
2	line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	483,984.	483,984.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	94,902.	63,585.	12,337.	18,980.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.1	0.	0.	0.
7		266,992.	179,044.	32,158.	55,790.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2007332.	1/3/011.	32,130.	357735.
9	Other employee benefits.	37,941.	26,752.	4,411.	6,778.
10	Payroll taxes	29,248.	19,678.	3,612.	5,958.
11	Fees for services (non-employees)				
ā	Management				
t	Legal	55.	37.	7.	11.
c	Accounting	4,850.	3,350.	600.	900.
c	Lobbying				
e	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
ç	g Other				
12	Advertising and promotion				
13	Office expenses	5,119.	3,439.	740.	940.
14	Information technology				
15	Royalties				
16	Occupancy	33,938.	24,178.	3,865.	5,895.
17	Travel	9,049.	7,586.	610.	853.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,066.	2,481.	663.	922.
20	Interest				 -
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,537.		1,537.	
23 24		2,569.	1,643.	362.	564.
á	Consulting	57,107.	50,676.	1,405.	5,026.
	Utilities	10,486.	7,302.	1,264.	1,920.
	Program Partnership Costs	7,923.	7,898.	10.	15.
	Printing and Publications	5,145.	3,546.	637.	962.
	Telephone	5,073.	3,540.	607.	926.
	All other expenses	29,827.	20,599.	4,101.	5,127.
	Total functional expenses Add lines 1 through 24f	1,089,811.	909,318.	68,926.	111,567.
26	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	•				Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	332,063.	1	195,930
	2	Savings and temporary cash investments	<u> </u>	2	
İ	3	Pledges and grants receivable, net	17,955.	3	162,395
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
.		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
S	7	Notes and loans receivable, net .		7	
S S E T	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges	10,073.	9	12,736
- [10 a	Land, buildings, and equipment, cost or other basis 10a 63, 608.			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b 58,708.	2,593.	10 c	4,900
- }	11	Investments — publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11 .		13	
-	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	362,684.	16	375,961
\Box	17	Accounts payable and accrued expenses	3,376.	17	1,688
	18	Grants payable		18	94,300
-	19	Deferred revenue		19	
<u>ب</u> ا	20	Tax-exempt bond liabilities		20	
B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
11		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
1	24	Unsecured notes and loans payable to unrelated third parties		24	
ĺ	25	Other liabilities. Complete Part X of Schedule D	32,658.	25	36,324
	26	Total liabilities. Add lines 17 through 25	36,034.	26	132,312
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			
₹		27 through 29 and lines 33 and 34.		_ _	
ξ	27	Unrestricted net assets .	<u>287,760.</u>	27	101,054
Ĕ	28	Temporarily restricted net assets	38,890.	28	142,595
	29	Permanently restricted net assets	····	29	
R		Organizations that do not follow SFAS 117, check here ▶ and complete			
E		lines 30 through 34.		L _L	
F	30	Capital stock or trust principal, or current funds		30	<u> </u>
B	31	Paid-in or capital surplus, or land, building, and equipment fund	<u> </u>	31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
ANCES	33	Total net assets or fund balances	326,650.	33	243,649
5	34	Total liabilities and net assets/fund balances	362,684.	34	375,961.

TEEA0111L 01/30/10

Form 990 (2009) International Development Exchange 77-0071852		Pa	ge 12
Part XI Financial Statements and Reporting	r		
		Yes	No
1 Accounting method used to prepare the Form 990			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> X</u>
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь		

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2009

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

man ta Bubli

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

			ional Development Exchange ason for Public Charity Status (All organizations mus																	71852						
Part		Rea	son	for F	ubli	c C	har	ty S	tatu	ıs ((All	orga	ınıza	tions	mus	t c	omple	te thi	s part.) See	e in	struct	ions	s		
The o	r <u>ga</u> r	nızatı	on is i	not a p	orivate	e fou	ında	tion t	ecau	use	ıt ıs	(For	lines	1 thro	ugh 1	1, c	heck o	nly one	box)							
1		A chi	urch,	conve	ntion	of ch	nurch	nes o	r ass	SOCI	atıon	of ch	nurche	es des	cribed	l in	sectio	170(b	χ1χΑχ	i).						
2		A scl	nool d	escrib	ed ın	sec	tion	170(b	X 1X	(A) (i	i). (/	Attacl	h Sch	edule	E)											
3		A ho	spital	or cod	perat	live I	hosp	ıtal s	ervic	e or	rganı	ızatıo	n des	cribed	ın se	ctio	n 170(l)(1)(A)	(iii).							
4						-	zatio	on op	erate	ed ir	n cor	njunci	tion w	ith a h	nospit	al d	escribe	d ın se	ction 1	70(b)(1	χA)(iii) Er	nter	the ho	spital'	s
-				, and					T.7.												Ξī					
5	드	170(l	o <u>X</u> 1)(A	()(iv).	(Con	nplet	e Pa	art II))			•						•	_		ntai	unit des	SCIL	oea in	sectio	'n
6 7	X	An o	rganiz		that n	orm	allv	recei	ves a	su	ıbstaı								(XAXv). ental ur		om	the ger	nera	l publ	ıc desc	ribed
8		А со	mmur	ity tru	st des	scrib	ed ir	ı sec	tion	170	(b)(1	χΑχ	vi). (C	omple	te Pa	rt 11)									
9		from inves	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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).																							
10		An o	rganız	ation	organ	ıızed	and	ope	rated	l ex	clusi	vely t	to test	t for pu	ublic s	safe	ty See	sectio	n 509(a)(4).						
11	_	more	ıldua	clv su	pporte	ed d	orgai	nizati	ons o	desc	cribe	d in s	sectio	n 509(a)(1)	or s	erform ection ough 1	509(a)	nctions (2). See	of, or section	car on S	ry out th 5 09(a)(3	he p). C	urpos Check	es of o the bo	ne or x that
			Туре			·		Тĭтуі									ionally		ated			d 🗍	Ту	pe III-	- Othe	r
е		Rv cl	neckir found	a this	box, mana	l ce gers	rtify and	that to the	he o	rgar an o	nızat ne o	ion is	not o	control olicly s	led di	rect rted	ly or in organi	directly zations	by one describ	e or mo	ore sec	disqualition 509	ıfıed 9(a)(pers	ons ot section	her 1
f		If the	orga k this	box																		oorting o		nızatı	on,	
g		Since	e Aug	ust 17	, 2006	5, ha	s th	e org	anıza	atıor	n acc	cepte	d any	gift o	or con	trıbı	ution fr	om any	of the	followi	ng	persons	5?		\ <u>\</u>	T N =
		(i)	a per	son w	ho du gover	rectl	y or	indire	ectly the s	con	ntrols porte	, eith d org	ier ald Janiza	ne or	toget	her	with pe	rsons	describe	ed in (i	ı) a	nd (III)	1	1g (i)	Yes	No
		(ii)		nily m	-			-				_											_	1 g (ii		
		(iii)		_			-							ır (ıı) a	bove	7							_	1g (ii	_	
h		Prov	ide th	e follo	wing	ınfor	mati	on al	oout	the	sup	porte	d orga	anizati	ons								_			
	(1)	Name Org	of Sup anizatio	ported in			(ii) E	EIN			(desi	cribed ove or I	organiz on lines IRC sec ructions	tion	organ	isted	the on in col in your ning nent?	the orga	you notify inization i (i) of support?	n lorgan	vi) Is izatio janiz U S	on in col	(V	riı) Amo	unt of Su	pport
															Ye	$\overline{}$	No	Yes	No	Ye	s	No				
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Fotal																										

LPai	(Complete only if you check				од і дадіў) an	ι χα)υτι οι	χΑχ	(VI)					
Sec	tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)									
Cale	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	,	(f) Total					
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	714,665.	847,806.	738,973.	913,490.	1,001,2	29.	4,216,163.					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							0.					
3	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							0.					
4	Total. Add lines 1-through 3	714,665.	847,806.	738,973.	913,490.	1,001,2	29.	4,216,163.					
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)							0.					
6	Public support. Subtract line 5 from line 4					<u></u>		4,216,163.					
Sec	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·									
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total					
7	Amounts from line 4	714,665.	847,806.	738,973.	913,490.	1,001,2	29.	4,216,163.					
8	Gross income from interest, dividends, payments received on securities loans, rents,												
	royalties and income form similar sources	337.	1,584.	3,170.	2,352.	1,7	19.	9,162.					
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) See.Part .IV			5,670.	3,920.	3,8	63.	13,453.					
11	Total support. Add lines 7 through 10							4,238,778.					
12	Gross receipts from related activ	rities, etc. (see ins	tructions)				12	0.					
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year a	s a section 5	01(c)	(3)					
_	tion C. Computation of Pu				<u></u>	r	44	00 54					
	Public support percentage for 20 Public support percentage from			e 11, column (f)		E	14 15	99.5 % 99.5 %					
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the box blicly supported or	on line 13, and ganization.	the line 14 is 33	1-1/3 % or mo	ore, c	heck this box ► X					
ŀ	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of	on line 13, or 16a, ganization	, and line 15 is 3	3-1/3% or m	ore, c	check this box					
17 a	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.												
t	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	ind-circumstances test The organiz	' test, check this l ation qualifies as	box and stop he a publicly suppo	re. Explain ir orted organiza	i Part ation.	IV how the ►					
18	Private foundation. If the organi	zation did not che	ck a box on line,	13, 16a, 16b, 17a									
BAA					Sc	:hedule A (Fo	rm 9	90 or 990-EZ) 2009					

Schedule A (Form 990 or 990-EZ) 2009 International Development Exchange 77-0071852 Page 3 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 yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (f) Total (a) 2005**(b)** 2006 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 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

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	·(Form 990	or 990-E	Z) 2009	Intern	<u>ational</u>	Develo	<u>pment £</u>	xchange	77:	-0071852	Pa	ge <u>4</u>
Part IV	Supplen Part II. I	n ental li ine 17a	or 17b	on. Comp	plete this	part to p	rovide th	e explanation her addition	ons required	d by Part II,	line 10;	
			<u> </u>	arra r arc	111, 111, 11	2.110110		To dadition	ar morman	011. 000 1110		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Employer Identification number

International Development Exchange

	nange	77-0071852
Partiz Organizations Maintaining Do	onor Advised Funds or Other Similar Fu	
the organization answered 'Ye	s' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
	donor advisors in writing that the assets held in ject to the organization's exclusive legal control?	
6 Did the organization inform all grantees, of used only for charitable purposes and not purpose conferring impermissible private	donors, and donor advisors in writing that grant fu for the benefit of the donor or donor advisor or fo benefit??	unds may be or any other Yes No
Part II Conservation Easements Cor	nplete if the organization answered 'Yes	s' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements he	ld by the organization (check all that apply).	
Preservation of land for public use (e	g , recreation or pleasure) Preservation	n of an historically important land area
Protection of natural habitat	Preservation	n of certified historic structure
Preservation of open space		
Complete lines 2a through 2d if the organ last day of the tax year	ization held a qualified conservation contribution	
		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation e		2b
c Number of conservation easements on a	• •	2c
d Number of conservation easements include		2d
3 Number of conservation easements mode	ied, transferred, released, extinguished, or termin	nated by the organization during the tax
year ► 4 Number of states where property subject	to conservation easement is located	
5 Does the organization have a written police and enforcement of the conservation easi	cy regarding the periodic monitoring, inspection, bement it holds?	handling of violations, Yes No
during the year ►	itoring, inspecting, and enforcing conservation ea	
7 Amount of expenses incurred in monitoring during the year ►	ng, inspecting, and enforcing conservation easem	sents
8 Does each conservation easement reports 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ed on line 2(d) above satisfy the requirements of	section Yes No
9 In Part XIV, describe how the organization re include, if applicable, the text of the footr conservation easements.	ports conservation easements in its revenue and exp ote to the organization's financial statements tha	pense statement, and balance sheet, and it describes the organization's accounting for
Part III Organizations Maintaining C	ollections of Art, Historical Treasures,	or Other Similar Assets
Complete if the organization	answered 'Yes' to Form 990, Part IV, lin	e 8.
1a If the organization elected, as permitted threasures, or other similar assets held for the text of the footnote to its financial sta	inder SFAS 116, not to report in its revenue state public exhibition, education, or research in furthetements that describes these items	ement and balance sheet works of art, historical erance of public service, provide, in Part XIV,
b If the organization elected, as permitted u treasures, or other similar assets held for amounts relating to these items	inder SFAS 116, to report in its revenue statemer public exhibition, education, or research in furthe	erance of public service, provide the following
(i) Revenues included in Form 990, Part	VIII, line 1	* \$
(ii) Assets included in Form 990, Part X		> \$
amounts required to be reported under SI		s for financial gain, provide the following
a Revenues included in Form 990, Part VIII	, line 1	* \$
b Assets included in Form 990, Part X		* \$

Schedule D (Form 990) 2009 Inter						77-007		Page 2
Part III Organizations Mainta 3 Using the organization's acquisite items (check all that apply): a Public exhibition b Scholarly research c Preservation for future general Provide a description of the organization assets to be sold to raise funds reported an amount of the provided an amount of the organization of the org	ations nization's coll tion solicit or ather than to	and oth	d Loan e Other and explain hor donations of an	or exch	of the following ange programs further the organ rical treasures, organization's co	that are a significant us nization's exempt purpo or other similar llection?	se of its colle	nued) ction
1 a Is the organization an agent, trus included on Form 990, Part X?b If 'Yes,' explain the arrangement						ner assets not	Yes	No
 c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an a b If 'Yes,' explain the arrangement 		rm 990,	Part X, line 21	7		1 c 1 d 1 e 1 f	Amount	No
Part V Endowment Funds Co	mplete if o	rganıza	ation answer	ed 'Ye	s' to Form 99	90, Part IV, line 10	· - · · · · · · · · · · · · · · · · · · ·	
1 a Beginning of year balance b Contributions c Net Investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities	(a) Current	year	(b) Prior yea	ır	(c) Two years bac	k (d) Three years back	(e) Four y	ears dack
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentag a Board designated or quasi-endov	vment 💆		ance held as					
b Permanent endowment ► c Term endowment ► 3a Are there endowment funds not organization by (i) unrelated organizations (ii) related organizations b If 'Yes' to 3a(ii), are the related of the control of the con	organizations d uses of the	sion of t listed as organiz	s required on S ation's endowm	chedule	R? ds		3a(i) 3a(ii) 3b	s No
Part VI Investments—Land, B Description of investment		(a) Cos	t or other basis	(b) (Cost or other isis (other)	, line 10. (c) Accumulated Depreciation	(d) Book	Value
1 a Land b Buildings c Leasehold improvements d Equipment e Other			ivestment)	Uč	63,608.	58,708.		4,900.
Total. Add lines 1a through 1e (Colum	n (d) must ec	ual For	m 990, Part X,	column	(B), line 10(c)).			4,900.

BAA

Schedule **D** (Form 990) 2009

Schédule D (Form 990) 2009 International Dev Part VII Investments—Other Securities See F	elopment Exchange	77-0071852 Page : 2. N/A
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security) Financial derivatives	 	Cost or end-of-year market value
Closely-held equity interests		
Other		
	ļ .	
	l	
	<u> </u>	
Total (Column (b) must equal Form 990 Part X, col (B) line 12.)		10
Part VIII Investments-Program Related (See		*************************************
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	ļ	
		
	 	
 	 	
	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13) Part IX Other Assets (See Form 990, Part X,	line 15) N/A	
	escription	(b) Book value
	····	
		
 		
Total. (Column (b) must equal Form 990, Part X, col (B), I		<u> </u>
Part X Other Liabilities (See Form 990, Part (a) Description of Liability	(b) Amount	
Federal Income Taxes	(b) Amount	
Accrued Payroll	36,324.	
·		
		
·		
· · · · · · · · · · · · · · · · · · ·		
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	36,324.	

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	00/1	852 Page 4
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1,006,811.
2	Total expenses (Form 990, Part IX, column (A), line 25).	-	
3	Excess or (deficit) for the year Subtract line 2 from line 1	. ⊢	1,089,811. -83,000.
4	Net unrealized gains (losses) on investments	\vdash	
5	Donated services and use of facilities	-	
6	Investment expenses	⊢	
7	Prior period adjustments .	<u> </u>	
8	Other (Describe in Part XIV)	-	
9	Total adjustments (net) Add lines 4 through 8	-	
10		\vdash	-83,000.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	L	-63,000.
1	Total revenue, gains, and other support per audited financial statements	1	1,006,811.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12	一十	
	Net unrealized gains on investments . 2a		
	Donated services and use of facilities		
	Recoveries of prior year grants		
	d Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,006,811.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	-	1,000,011.
-	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,006,811.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
	Total expenses and losses per audited financial statements .	1	1,089,811.
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	_	
	a Donated services and use of facilities	}	
	Prior year adjustments 2b		
	Other losses 2c		
	d Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	1,089,811.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b.		
	Other (Describe in Part XIV)	_ [
	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	1,089,811.
	t XIV Supplemental Information		
Com line infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part mation	ines 1	b and 2b; Part V, ovide any additional
		. 	

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009	International	Development	Exchange	77-0071852	Page 5
Schedule D (Form 990) 2009 Rart XIV Supplemental	Information (conti	nued)			
273					
				·	
					
				-	
					.
					. – – – –
					.

* Schedule F (Form 990)

Totals.

Statement of Activities Outside the United States

OMB No 1545-0047

Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

X Yes

∏No

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

International Development Exchange 77-0071852

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the

grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

General Information on Activities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 14b.

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed.) (b) Number of (f) Total expenditures in (a) Region (c) Number of (d) Activities conducted in (e) If activity listed in offices in the employees or region (by type) (i e , (d) is a program fundraising, program services, grants to recipients service, describe region agents in region region specific type of service(s) in region located in the region) Guatemala 0 O Community Education Community 173,966. Education 67,000. O O Community Education India Community Education 102,800. 0 0 Community Education Community Mexico Education Community 43,218. Nepal 0 0 Community Education Education 65,000. South Africa 0 0 Community Education Community Education [] 32,000. 0 Community Education Z1mbabwe 0 Community Education

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

Schedule F (Form 990) (2009)

483,984.

Page 2 (i) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. (h) Description of non-cash assistance 77-0071852 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (g) Amount of non-cash assistance (f) Manner of cash disbursement (e) Amount of cash grant (d) Purpose of grant International Development Exchange See Attached (c) Region (b) IRS code section and EIN (if applicable) 3 Enter total number of other organizations or entities (a) Name of organization Schedule F (Form 990) 2009

Page 3 (h) Method of valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2009 (g) Description of non-cash assistance Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. 77-0071852 (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant Schedule F (Form 990) 2009 International Development Exchange (c) Number of recipients (b) Region (a) Type of grant or assistance BAA

TEEA3503, 07/06/09

Schedule F (Form 990) 2009 International Development Exchange	77-0071852	Page 4
Partiva Supplemental Information	-t-	
Complete this part to provide the information required in Part I, line 2, and any additional in	niormation	
Part I, Line 2 - Grantmakers Explanation For Grants Outside US		
Grants are approved by the board of directors. Grant agreemen	ts are signed by t	he
executive director.Reports submitted by the grantees are revi	ewed for proper ex	empt
purpose.		
~		
~		
~		
~		
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	-	

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
 ► Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

International Development Exchange

Employer identification number

77-0071852

Par	ti Types of Property							
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Meth	od of o	letermin	ing
1 2 3 4 5 6 7 8 9 10	Art—Works of art Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods. Cars and other vehicles Boats and planes Intellectual property Securities—Publicly traded Securities—Closely held stock Securities—Partnership, LLC, or trust interests.	X	6	51,279.				
12 13	Securities-Miscellaneous Qualified conservation contribution-							
14 15 16 17	Historic structures . Qualified conservation contribution—Other Real estate—Residential . Real estate—Commercial Real estate—Other							
	Collectibles Food inventory Drugs and medical supplies Taxidermy							
22 23 24	Historical artifacts Scientific specimens Archeological artifacts							
25 26 27	Other ► () Other ► () Other ► ()							
	Other ► () Number of Forms 8283 received by the organization organization completed Form 8283, Part IV, Done	on during the e Acknowled	e tax year for contributi dgement	ions for which the	29		· · ·	
30 a	During the year, did the organization receive by countries the last three years from the date of the inpurposes for the entire holding period?	ontribution a nitial contrib	iny property reported in oution, and which is not	Part I, lines 1-28 that required to be used fo	ıt must r exempt	30 a	Yes	No X
	b If 'Yes,' describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31					x		
	32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							X
	If 'Yes,' describe in Part II If the organization did not report revenues in colu describe in Part II	mn (c) for a	type of property for wh	nich column (a) is chec	ked,			

Schedule	M (Form 990) 2009	<u>internation</u>	<u>al Developmen</u>	t Exchange	<u> </u>	Page 2
Partill	Supplemental I and 33. Also co	I nformation. Cor Implete this part	mplete this part to for any additional	provide the inform I information.	ation required by Part I, lines 3	0b, 32b,
		~~~~				
				<del>-</del>		
						<b>-</b>

TEEA4602L 07/21/09

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Schedule M (Form 990) 2009

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization <u>International Development Exchange</u>	Employer identification number 77-0071852
Form 990, Part III, Line 1 - Organization Mission	
IDEX promotes sustainable solutions to poverty by providing lor	ng-term grants and
access to resources to locally run organizations in Africa, Ass	ia and Latin America.
IDEX provides grants to for initiatives in poor communities in	developing countries
designed to empower women, build local economies and promote en	nvironmental justice.
Form 990, Part VI, Line 11 - Form 990 Review Process	
The 990 is reviewed by the Board of Directors and executive Directors	cector.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Cor	ıflicts
An Annual review of activities is conducted to ensure there are	e no conflicts of
interest.	
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, E	xec. Dir., or Top Mgtment
Compensation is reviewed via comparison to other similar non pr	rofit organizations.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
The organization discloses governing doc, policies and financia	al statements upon
request.	·

Schedule <b>0</b> (Form 990) 2009 Name of the organization	Page
	Employer identification number
International Development Exchange	77-0071852
	_
·	
·	

# SCHEDUE F PAGT IT

Grantee Organization: Organization Name	Region /	Manner of Amount Received Disbursment	. +
	Guatemala	32500 Wire	
AFEDES - Asociacion Femenina para el Desarrollo de Sacatepequez	Guatemala	20000 Wire	
AGUA-Asociacion Guatemaltecca Pro-Agua y Saneamiento	Guatemala	8000 Wire	
APROSADSE - Asociacion para la Promocion de Salud y Desarrollo Socio Economico	Guatemala	46861 Wire	
ASICOPROSAsociacion Integral Comunitario de Comadronas y Promotores de Salud	l Guatemala	5000 Wire	
COMCASMAComision de las Mujeres del Camino de Santa Maria	Guatemala	4000 Wire	
Fundacion ProPeten	Guatemala	8000 Wire	
ISMU - Instituto para la Superaci_n de la Miseria Urbana	Guatemala	31605 Wire	
IXQIK-Asociacion de Mujeres de Peten Ixqik	Guatemala	8000 Wire	
Pop Noj	Guatemala	10000 Wire	
GRAVIS - Gramin Vikas Vigyan Samiti	India	47000 Wire	
Sahyog Sansthan	India	20000 Wire	
AMYRILACAcompanamiento a Migrantes y Refugiados Ignacio de Loyola	Mexico	10000 Wire	
CEIBA-Centro de Educacion Integral de Base	Mexico	20000 Wire	
EduPaz - Educacion para la Paz	Mexico	20000 Wire	
Hogar Comunitario Yach'il Antzetic	Mexico	10800 Wire	
Luna Maya Birth Center	Mexico	7000 Wire	
Nepi Behna	Mexico	15000 Wire	
Nichim Dios	Mexico	5000 Wire	
Otros Mundos	Mexico	15000 Wire	
	Nepal	23218 Wire	
WACN - Women Awareness Center Nepal	Nepal	20000 Wire	
Angus Gillis Foundation	South Africa	5000 Wire	
Biowatch	South Africa	5000 Wire	
NCITC- Nyangazezizwe Community Information and Training Centre	South Africa	5000 Wire	
PWN - Positive Women's Network	South Africa	20000 Wire	
REACH - Rural Education, Awareness & Community Health	South Africa	10000 Wire	
SDCEA - South Durban Community Environmental Alliance	South Africa	Sooo Wire	

# SCHEDULE F PART II

SPP - Surplus People Project

Women's Net

WWWA - Whole World Women Association

GCN - Girl Child Network Trust

South Africa South Africa

South Africa

Zimbabwe

5000 Wire 5000 Wire 5000 Wire 32000 Wire

483984

Form 8868	(Rev 4-2009)			Page 2
<ul><li>If you a</li></ul>	ere filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check th	ns box .	<u>► X</u>
Note. Only	complete Part II if you have already been granted an automatic 3-month exter	nsion on a previous	ly filed Form 886	8
	re filing for an Automatic 3-Month Extension, complete only Part I-(en-page 1			
Partu	Additional (Not Automatic) 3-Month Extension of Time. Only for	ile the original (	no copies nee	eded).
	Name of Exempt Organization		Employer identificatio	n number
Type or				
print	International Development Exchange		77-0071852	
File by the	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only	
extended due date for	Bailey & Utley CPA's			
filing the return See	303 West Joaquin Ave, #280			
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions			
	San Leandro, CA 94577	· <del></del>	<del></del>	
_	of return to be filed (File a separate application for each return)	_	<u>—</u>	
Form 9		Form 1041-A	<b>⊢</b>	Form 6069
Form 9		Form 4720	L	Form 8870
X Form 9	<del></del>	Form 5227		
	not complete Part II if you were not already granted an automatic 3-month ex	tension on a previo	ously filed Form	8868.
	ks are in care of. IDEX			
•	one No FAX No.			. □
	rganization does not have an office or place of business in the United States,			If this is for the
	s for a Group Return, enter the organization's four digit Group Exemption Nump, check this box $ ightharpoonup$ If it is for part of the group, check this box $ ightharpoonup$ [ a		h the names and	
		and attach a list wit	n the names and	I EINS OF AIT
	the extension is for less an additional 3-month extension of time until $5/15$ , 20 $1$	 1	<del></del>	<del></del>
5 For ca	alendar year , or other tax year beginning 7/01 , 20	±. N9 and ending	6/30	20 10
	tax year is for less than 12 months, check reason: Initial return	Final return	Change in ac	counting period
	in detail why you need the extension Taxpayer respectfully			
gat	her information necessary to file a complete and	accurate tax	x return.	
ے جوت	Internation necessary to life a complete man	777777777		
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tenta	tive tay less any		
nonre	fundable credits See instructions		8a S	
<b>b</b> If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cr	redits and estimated	d tax	
paym with F	ents made. Include any prior year overpayment allowed as a credit and any a form 8868	mount paid previou	. <b>8b</b> \$	
	ce Due. Subtract line 8b from line 8a. Include your payment with this form, or	of required dense		
with F	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	System) See instra	8c\$	
	Signature and Verification	)		
Under penalties	s of perjury, I declare that I have examined this form, including accompanying schedules and statements mplețe, and that I am authorized to prepare this form	, and to the best of my kn	lowledge and belief, it	is true,
-/	$\sim$ $1$			2/11/11
Signature -	illata in Illy Title - 120 presinatur		Date Date	-/////
	<del>-</del>			

009 Scho	edule	A, Part I	٧ -	Supple	me	ntal Inforn	natior	1	Pa	ge	
· · · · · · · · · · · · · · · · · · ·	International Development Exchange								77-00	77-007185	
Part II, Line 10 - Other Inco	ome										
Nature and Source		2009		2008		2007	2006		2005		
Special events Loss on Sale of Asset		3,863.		3,920.		6,343.					
Loss on Sale of Asset Tot	s al 🛐	3,863.	\$	3,920.	\$	-673. 5,670.		0. \$	_ <del></del>	0.	

# Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

On Return OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• If yo	ou are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box			<u> </u>		
● If yo	ou are	filing for an Additional (Not Auto	omatic) 3-Month Extension, complete only Part II (o	n page 2	2 of this form).			
			dy been granted an automatic 3-month extension or					
Partil		Automatic 3-Month Extens	on of Time. Only submit original (no copie	s need	ded).			
					•			
			requesting an automatic 6-month extension — check		<u>-</u>			
All othe income	tax re	orations (including 1120-C filers) eturns	partnerships, REMICS, and trusts must use Form 7	7004 to re	equest an extension o	f time to file		
returns the add Form 99	noted itional 90-T 1	below (6 months for a corporation (not automatic) 3 month extension	ectronically file Form 8868 if you want a 3-month au on required to file Form 990-T) However, you canno on or (2) you file Forms 990-BL, 6069, or 8870, grou or completed and signed page 2 (Part II) of Form 886 or of the for Charities & Nonprofits	t file For ip return	m 8868 electronically in the second of the s	if (1) you want onsolidated		
		Name of Exempt Organization	<del></del>		Employer identifica	tion number		
Type or print International Develor					ľ			
			oment Exchange	77-007185	2			
File by the	or	Number, street, and room or suite number						
filing your return Se	e	827 Valencia Street						
Instruction	ıs	City, town or post office, state, and ZIP cod	e For a foreign address, see instructions					
		San Francisco, CA 94						
_		f return to be filed (file a separat						
X For		<u>}-</u>	Form 990-T (corporation)	$\vdash$	1 4720			
Form 990-BL			Form 990-T (section 401(a) or 408(a) trust)	_	m 5227			
			Form 990-T (trust other than above)	rm 6069				
[ For	m 990	-PF	Form 1041-A	[ [ FOI	rm 8870	70		
• The	books	are in the care of ►_IDEX		<u></u>				
Tele	phone	No ►	FAX No ►		~			
			or place of business in the United States, check this			▶ [		
			anization's four digit Group Exemption Number (GEN					
		_	he group, check this box $ ightharpoonup$ and attach a list with	th the na	ames and EINs of all n	nembers		
		sion will cover	11 (1 5 000 T) 1			<del></del>		
			ns for a corporation required to file Form 990-T) extends					
		2/15 , 20 11 , to file ension is for the organization's re	the exempt organization return for the organization	named a	above.			
· · · · · · · · · · · · · · · · · · ·		calendar year 20 or	editi ior.					
<b>&gt;</b>	뒿	tay year beginning 7/01	, 20 <u>09</u> , and ending <u>_6/30</u> , 20	10				
	Δ	tax year beginning _ //OI		_1				
2 If	this ta	ax year is for less than 12 months	s, check reason	turn ————	Change in account	nting period		
<b>3a lf</b>	this a	pplication is for Form 990-BL, 99 ndable credits See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax, I	ess any	3a \$	0.		
<b>b</b> If <u>m</u>	this a ade. I	pplication is for Form 990-PF or 9 nclude any prior year overpayme	990-T, enter any refundable credits and estimated ta nt allowed as a credit	x payme	ents 3b\$	0.		
₫€	eposit	• <b>Due.</b> Subtract line 3b from line with FTD coupon or, if required, tructions	Ba. Include your payment with this form, or, if requir by using EFTPS (Electronic Federal Tax Payment S	ed, ystem)	3c \$	0.		
Cautior paymer			c fund withdrawal with this Form 8868, see Form 84	53-EO a	ind Form 8879-EO for			
DAA E	or Bris	Jacy Act and Panenwork Peducti	on Act Notice see instructions		Form 886	8 (Rev. 4-2009)		