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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation) 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

2009

OMB No 1545-1150

DLN: 93492267009060

Open to Public

<u>Inspection</u>

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning 07-01-2009 , and ending 06-30-2010 Check if applicable D Employer identification number C Name of organization Please INTERNATIONAL DEAF EDUCATION ASSOCIATION Address change use IRS 77-0091952 Name change label or Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number print or P O Box 20715 Initial return type. (406) 534-0838 Terminated See Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Billings, MT 59104 Application pending tions. ♦ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts Other (specify) 🟲 must attach a completed Schedule A (Form 990 or 990-EZ). 🕏 Check ► If the organization I Website:► Ideadeaf org is **not** required to attach **J Tax-Exempt status** (check only one)— 501(c) (3) ◀(insert no) 4947(a)(1) or 527 Schedule B (Form 990, 990-EZ, or 990-PF) K Check ▶ fifthe 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I) Contributions, gifts, grants, and similar amounts received 153,067 2 Program service revenue including government fees and contracts 217,576 3 Membership dues and assessments 3 0 4 1,244 Gross amount from sale of assets other than inventory 0 Less cost or other basis and sales expenses 0 5b Revenue Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 0 5c Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here 🕨 Gross revenue (not including $\$ \ \underline{0}$ of contributions 0 O Less direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 0 6c Gross sales of inventory, less returns and allowances 0 7a Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 0 c 0 8 8 Other revenue (describe **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 371,887 9 9 10 Grants and similar amounts paid (attach schedule) 🐿 229,270 10 Benefits paid to or for members . . . 11 0 11 115,651 12 Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors 0 13 13 Expenses Occupancy, rent, utilities, and maintenance 1,173 14 14 Printing, publications, postage, and shipping 15 996 16 Other expenses (describe 16 31,069 Total expenses. Add lines 10 through 16 378,159 17 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . -6,272 18 **Net Assets** Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 end-of-year figure reported on prior year's return) 157.226 19 Other changes in net assets or fund balances (attach explanation) 0 20 20 Net assets or fund balances at end of year Combine lines 18 through 20 150,954 21 21 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 22 Cash, savings, and investments 143,003 22 151,822 Land and buildings 3,304 23 2,782 24 Other assets (describe 🌬 12.005 24 0 158,312 25 154,604 25 Total assets

3,650

150,954

26 Total liabilities (describe 🟲 📆

1,086

157,226

26

27

Part III Statement of Progra	am Service Accomplishn	nents (See the instruction	ns for Part III)		Expenses		
What is the organization's primary exempt purpose? IDEA envisions a society in which the deaf in the Philippines and other developing third world countries, enjoy social and economic equality, exchanging isolation for community, servitude for self-reliance. Our mission is to foster self-reliance by providing academic, vocational, physical, spiritual, and economic opportunities for deaf children, adults and families.							
Describe what was achieved in carryin describe the services provided, the nu program title							
28 See Additional Data Table							
(Grants \$)	f this amount includes foreign	grants, check here .	▶┌	28a			
29							
(Grants \$)	f this amount includes foreign	grants, check here .	▶ ┌	29a			
30 (Grants \$)	f this amount includes foreign	grants check here	. .				
<u>`</u>		-		30a			
31 O ther program services (attach sch (Grants \$)	f this amount includes foreign	grants, check here .	▶⊢	31a			
32 Total program service expenses (ad	d lines 28a through 31a) .		<u> ▶</u>	32	229,270		
Part IV List of Officers, Directors	, Trustees, and Key Employees.	List each one even if not co	mpensated (See the in:	structions	for Part IV)		
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit p deferred compens	lans &	(e) Expense account and other allowances		

Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of

Form 990-EZ

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

Nο

46 Did	46-49b and complete the			lf of or in oppositi	on to		Yes	No
	ndidates for public office? If "Yes,"		-			46		Νο
	the organization engage in lobbyii			art II		47		Νo
	the organization a school describe					48		Νo
	the organization make any transfe					49a		Νo
	Yes," was the related organization	·	_			49b		
	mplete this table for the organization	_		rthan officers dir	L rectors trust	tees a	nd kev	
	ployees) who each received more t	han \$100,000 of comper		ızatıon Ifthere ıs	none, enter	"None	n .	
	ne and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribu employee bene deferred comp	efit plans &	ac) Exper count a rallowa	nd
NONE								
51 Co	otal number of other employees pa	on's five highest compens		tractors who each	►	ore tha	n \$10(0,000
51 Cor of c		on's five highest compens n Ifthere is none, enter "	None "	tractors who each			nn \$100 ompens	
51 Cor of c	mplete this table for the organization	on's five highest compens n Ifthere is none, enter "	None "	•			-	
51 Cor of c	mplete this table for the organization	on's five highest compens n Ifthere is none, enter "	None "	•			-	•
51 Coo	mplete this table for the organization	on's five highest compens n Ifthere is none, enter "	None "	•			-	
51 Cor of c	mplete this table for the organization	on's five highest compens n Ifthere is none, enter "	None "	•			-	
51 Cor of c	mplete this table for the organization	on's five highest compens n Ifthere is none, enter "	None "	•			-	
51 Con of c (a)	mplete this table for the organization	on's five highest compens If there is none, enter " Indent contractor paid mon	None " e than \$100,000	•			-	
51 Con of control (a)	mplete this table for the organization from the organization from the organization Name and address of each independent	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving	None " e than \$100,000 I over \$100,000	(b) Type of s	ents, and to the	(c) C	ompens	ation
51 Con of control (a) NONE 51(d) T Please Sign	mplete this table for the organization compensation from the organization Name and address of each independent of other independent of Under penalties of perjury, I declare to	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving	None " e than \$100,000 I over \$100,000	(b) Type of s	ents, and to the	(c) C	ompens	ation
51 Con of control (a) NONE 51(d) T Please Sign	mplete this table for the organization compensation from the organization Name and address of each independent of the number of other independent of the land belief, it is true, correct, and com	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving	None " e than \$100,000 I over \$100,000	(b) Type of s	ents, and to the	(c) C	ompens	wledge
51 Color of Color (a) NONE 51(d) T Please Sign Here	otal number of other independent of and belief, it is true, correct, and companies of officer Mana Lourdes Drake Accountant	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving	e than \$100,000 I over \$100,000 I, including accompanying other than officer) is based the companying of the companyin	(b) Type of s conschedules and statement on all information of 2010-09-21 Date	ents, and to the	e best o	ompens f my knowle	wledge
51 Connection (a) NONE 51(d) T Please Sign Here Paid Preparer'	mplete this table for the organization compensation from the organization. Name and address of each independent of the compensation of the compen	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving that I have examined this return plete Declaration of preparer (e than \$100,000 I over \$100,000 I, including accompanying other than officer) is based the companying of the companyin	(b) Type of s chedules and stateme on all information of 2010-09-21 Date heck if Precise (See See See See See See See See See S	ents, and to the which preparer	e best o	ompens f my knowle	wledge
51 Con of control (a) NONE 51(d) T Please Sign Here	mplete this table for the organization compensation from the organization. Name and address of each independent of the compensation of the compen	on's five highest compens If there is none, enter " Indent contractor paid more ontractors each receiving that I have examined this return plete Declaration of preparer (e than \$100,000 I over \$100,000 I, including accompanying other than officer) is based the companying of the companyin	(b) Type of s cochedules and stateme on all information of 2010-09-21 Date heck if elf-mpolyed EIN	ents, and to the which preparer	e best o	ompens f my knowle	ation

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

Inspection

		e organization AL DEAF EDUCATION	ASSOCIATION			Employer identi	fication nu	ımber	
INIL	CINALION	AL DEAL EDUCATION	ASSOCIATION			77-0091952			
Pa	rt I	Reason for F	Public Charity Sta	tus (All organization	s must complete this pa		ctions		
					ugh 11, check only one box				
1	Γ				section 170(b)(1)(A)(i).				
2				L)(A)(ii). (Attach Sched					
3	<u></u>				ribed in section 170(b)(1)(A)(iii).			
4	F	·	rch organization opera	-	a hospital described in sect)(iii). Ente	r the	
5	Γ	=	operated for the benefi .)(A)(iv). (Complete P	-	ity owned or operated by a	governmental un	ıt describe	- d ın	
6	\vdash	A federal, state,	or local government o	r governmental unit des	cribed in section 170(b)(1)	(A)(v).			
7	⊽	described in	that normally receives .)(A)(vi) (Complete P	·	support from a governmen	tal unit or from tl	ne general	public	
8	\sqcap	A community tru	st described in sectio i	170(b)(1)(A)(vi) (Co	mplete Part II)				
9	\sqcap	An organization i	that normally receives	(1) more than 331/3%	of its support from contrib	utions, membersl	hıp fees, ar	nd gros	3 S
		receipts from act	tivities related to its e	xempt functions—subje	ct to certain exceptions, an	ıd (2) no more tha	an 331/3%	of	
		ıts support from	gross investment inco	me and unrelated busin	ess taxable income (less s	ection 511 tax) f	rom busine	esses	
		acquired by the o	organization after June	30,1975 See section	509(a)(2). (Complete Part	III)			
10	Γ	An organization	organized and operated	d exclusively to test for	public safety See section 5	509(a)(4).			
11	Γ	one or more publ	icly supported organiz	ations described in sec porting organization and	nefit of, to perform the funct tion 509(a)(1) or section 5 complete lines 11e throug I - Functionally integrated	09(a)(2) See se h 11h		a)(3).	Check
е	Γ		ation managers and ot		rolled directly or indirectly blicly supported organization				
f		check this box			RS that it is a Type I, Type t or contribution from any o	• •	ipporting o	rganız	ation,
g		following persons		ization accepted any gn	tor contribution from any o	i tile			
		• .		ontrols, either alone or	together with persons desc	rıbed ın (ıı)		Yes	No
		and (III) below, th	ne governing body of th	ne the supported organi	ation?		11g(i)		
		(ii) a family mem	nber of a person descri	bed ın (ı) above?			11g(ii)		
		(iii) a 35% conti	rolled entity of a perso	n described in (i) or (ii)	above?		11g(iii)		
h		Provide the follo	wing information about	the supported organiza	tion(s)				
			(iii)	(iv)					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		Is the Did you notify the organization in col (i) listed in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) A mount of support?	
		instructions))	Yes	No	Yes	No	Yes	No	1	
Total										

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if yo	u cnecked the	box on line 5, ,	, or 8 of Part I.	.)			
	ection A. Public Support	1					——-г	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	347,39	6 367,99:	2 358,136	352,559		370,643	1,796,726
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0 (0	0		0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		0	0	0		0	0
4	Total. Add lines 1 through 3	347,39	6 367,992	358,136	352,559		370,643	1,796,726
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column	/						
6	(f) Public Support. Subtract line 5 from						\rightarrow	1 706 736
	line 4							1,796,726
	ection B. Total Support							
Cale	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
7	in) A mounts from line 4	347,396	2,724	358,136	352,559		370,643	1,796,726
8	Gross income from interest,	,	,	,	,			
	dividends, payments received on securities loans, rents, royalties and income from similar sources	4,108	2,724	2,838	1,305		1,244	12,219
	Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part							
10	IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)							1,808,945
12	Gross receipts from related activiti	es, etc (See inst	ructions)	•	•	12		
13	check this box and stop here			, thırd, fourth, or fı	fth tax year as a	501(c)(3) organiz	zation,
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (f))		14		00 225 0/
15	Public Support Percentage for 2008			(1)/		15		99 325 % 78 166 %
	33 1/3% support test—2009. If the	•	•	on line 13, and li	ne 14 is 33 1/3%		, check t	
Ь	and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee organization	alifies as a public organization did n qualifies as a pu — 2009. If the orga tion meets the "fa	y supported orga not check the box iblicly supported anization did not c acts and circumst	nization k on line 13 or 16; organization :heck a box on line :ances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b k this box and st	33 1/3% and line	or more, e 14 Explain	►/▽ check this ►/
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organizar Explain in Part IV how the organizar supported organization Private Foundation If the organizationstructions	nization meets the tion meets the "fa	e "facts and circu acts and circumst	mstances" test, c ances" test The	heck this box and organization qual	d stop he Ifies as a	e re. a publicly	, , , ,

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

	(Complete only if you	checked the	box on line 9 of	Part I.)			
	ction A. Public Support	T		T	T	T	
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	in)		' '	1 . ,			
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
9	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,						
, a	and 3 received from disqualified						
	persons						
Ь	A mounts 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						
С	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support						I
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	in) A mounts from line 6						
	Gross income from interest,						
10a	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizati	on's first, second	, thırd, fourth, or	fıfth tax year as a	a 501(c)(3) organ	
	check this box and stop here						▶□
	ation C. Commutation of Bubl	in Commont D					
	ction C. Computation of Publ Public Support Percentage for 2009			12 a al (5)			
15	-		•	13 column (T))		15	
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	-		•			
						18	4 1 4 7
19a	33 1/3% support tests—2009. If the more than 33 1/3%, check this box a					tnan 33 1/3% and	ine 1/ is not
	organization	ana scop neie. ⊓ ►	ne organization qu	adilles as a hanli	ciy supported		

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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 77-0091952

Name: INTERNATIONAL DEAF EDUCATION ASSOCIATION

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

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)		
to be able to attend Special E teacher-in-service trainings a classes In addition, the indig	s student sponsorship program, 339 impoverished deaf child ducation Classes in the Philippines this past year IDEA also s well as funded the purchase of school materials and equipm ent deaf children were provided food and lodging, while attend ted to provide vocational education and hands-on-training for nes If this amount includes foreign grants, check here .	funded nents for ing school Part deaf high	28a	168,513	
operated in the Philippines It	nated funds to support the operation on a non-denominational also financially supports various Bible studies to both deaf a nded a Christian outreach program to the deaf elementary stu in the Philippines If this amount includes foreign grants, check here .	nd hearing dents	29a	8,364	
	d the academic education activities for more than 20 elemen nea The funds were used to pay teacher's salaries, provide o uded a lunch program If this amount includes foreign grants, check here .	lassrooms and	30a	34,576	
	ided various trainings for deaf adults or deaf high school grad needed skills to find employment outside of IDEA If this amount includes foreign grants, check here .	·		17,817	

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Chuck Scheel 6354 S Chinook Dr Clinton, WA 98236	honorary member 1	0	0	0
Carl Wolf 3003 Macona Lane Billings,MT 59102	Treasurer 8	0	0	0
Steve Erickson 5890 Autumn Wood Dr Billings,MT 59106	Chairman 1	0	0	0
Dale Rongholt 220 Squaw Creek Road Huntley,MT 59037	director 1	0	0	0
Clint Reynolds 2930 Wise Lane Billings,MT 59101	director 1	0	0	0
Pattı Lyons 3057 Papalı St Honolulu, HI 96819	director 1	0	0	0
Deb Canan 118 34th St West Billings,MT 59102	Secretary 1	0	0	0
Dave Biegel 4221 Wells Place Billings,MT 59106	Vice-chairman 1	0	0	0
Mike Graham 509 E 51st St Boise,ID 83714	director 1	0	0	0
Dennis Drake 2314 Bonnevue Square Billings,MT 59102	President-founder/ CEO 48	57,673	0	0
Marianne Rongholt 220 Squaw Creek Huntley,MT 59037	director 1	0	0	0
Gene Bukowskı 111 S 24th St West Billings,MT 59102	director 1	0	0	0
Steve Toepfer 1225 Cloverleaf Place Billings,MT 59106	director 1	0	0	0
Wesley Robbie 27034 NE Miller Duvall, WA 98019	director 1	0	0	0
William Cunningham 3020 Silverwood St Billings,MT 59102	director 1	0	0	0

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: INTERNATIONAL DEAF EDUCATION ASSOCIATION

EIN: 77-0091952

Software ID: 09000073

Item No.	1
Class of Activity	Education
Donee's Name	IDEA Philippines Inc and Bohol Deaf Academy Inc 339 Elementary and High School Deaf Students
Donee's Address	Km 3 Dao District Academy Heights Drive Tagbilaran, Bohol 6300 RP
Amount (FMV)	168,513
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Spiritual Outreach Program
Donee's Name	Bohol Deaf Academy Incorporated 50 Deaf and Hearing workers and 214 Elementary deaf children
Donee's Address	Aacdemy Heights Drive Bool District Tagbilaran, Bohol 6300 RP
Amount (FMV)	8,364
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Africa Project
Donee's Name	Noreen Corey 20 elementary deaf children
Donee's Address	226 Co Rt 6 Phoenix, NY 13135
Amount (FMV)	34,576
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4		
Class of Activity	Livelihood Projects		
Donee's Name	IDEA Philippines Incorporated 42 deaf individuals		
Donee's Address	Km 3 Dao District Tagbilaran, Bohol 6300 RP		
Amount (FMV)	17,817		
Purpose of Payment to Affiliate			
Relationship			
Description			
Book Value			
How BV Determined			
How FMV Determined			
Date of Gift			

TY 2009 Other Assets Schedule

Name: INTERNATIONAL DEAF EDUCATION ASSOCIATION

EIN: 77-0091952

Software ID: 09000073

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	12,005	0

TY 2009 Other Expenses Schedule

Name: INTERNATIONAL DEAF EDUCATION ASSOCIATION

EIN: 77-0091952

Software ID: 09000073

Description	Amount
Accounting	7,785
Office Expenses	3,995
Travel	14,562
Meetings	248
Depreciation	1,617
Insurance	2,634
Taxes and Licenses	164
Representation	64

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93492267009060

TY 2009 Other Liabilities Schedule

Name: INTERNATIONAL DEAF EDUCATION ASSOCIATION

EIN: 77-0091952

Software ID: 09000073

	Description	Beginning of Year Amount	End of Year Amount
Accounts Payable		1,086	3,650