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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning		, and ending	
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC Number and street (or P O box, if mail is not delivered to street address) <input type="text"/> Room/suite <input type="text"/> PO BOX 1350 City or town <input type="text"/> state or country <input type="text"/> ZIP + 4 <input type="text"/> BRONX <input type="text"/> NY <input type="text"/> 10466	
D Employer identification number 13-3673284		E Telephone number 718-6523978	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual I Website: ► WWW OIDINC.ORG		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return			
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 131,373			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	16,978
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	114,395	
c Less direct expenses from gaming and fundraising events	6c	48,892	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	65,503	
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	82,481	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	13,849
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,000
	14 Occupancy, rent, utilities, and maintenance	14	11,643
	15 Printing, publications, postage, and shipping	15	3,850
	16 Other expenses (describe in Schedule O)	16	82,279
	17 Total expenses. Add lines 10 through 16	17	114,621
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-32,140
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	79,022
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	46,882

99-12 18

Part II Balance Sheets. (see the instructions for Part II)'Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	52,424	22	52,893
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	35,632	24	2,088
25 Total assets	88,056	25	54,981
26 Total liabilities (describe in Schedule O)	9,034	26	8,099
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	79,022	27	46,882

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)'Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? PROVIDE HEALTH CARE TO NEEDY POOR PEOPLE IN

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

28 we visited Haiti in June of 2010 We serviced more than 140 patients(Grants \$) If this amount includes foreign grants, check here ►

28a

720

29 We visited Ghana in August , we served 500 medical and dental patients(Grants \$) If this amount includes foreign grants, check here ►

29a

1,462

30 We visited jamaica in January and June 2010 and served more than 3300 patients(Grants \$) If this amount includes foreign grants, check here ►

30a

75,360

31 Other program services (describe in Schedule O)(Grants \$) If this amount includes foreign grants, check here ►

31a

7,700

32 Total program service expenses. (add lines 28a through 31a)

32

85,242

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)'Check if the organization used Schedule O to respond to any question in this Part IV

(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
Roye Streete 739 E 230 Street Bronx NY 10466	Title CEO Hr/WK 20 00	0		
Gloris Stephens 4352 Edson Ave Bronx NY 10466	Title Pres Hr/WK 20 00	0		
Ena Wright 4307 Ely Ave Bronx NY 10466	Title V P Hr/WK 15 00	0		
Marcia Jones 292 E Sidney Ave Mount Vernon NY 10553	Title Tres Hr/WK 15 00	0		
Yvonne Dorner 140 Debs Place Bronx NY 10475	Title Secr Hr/WK 10 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

Part V Other Information (Note the statement requirements in the instructions for Part V)
 Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35a X

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b X

b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? 36 X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a X

b Did the organization file Form 1120-POL for this year? 37b X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b X

39 Section 501(c)(7) organizations Enter 39a X

a Initiation fees and capital contributions included on line 9 39b X

b Gross receipts, included on line 9, for public use of club facilities 40a X

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40b X

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40c X

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40d X

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e X

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40f X

41 List the states with which a copy of this return is filed ► NY

42 a The organization's books are in care of ► MARCIA JONES Telephone no ► (914) 664-5448
 Located at ► 292 EAST SIDNEY AVE City MOUNT VERNON ST NY ZIP + 4 ► 10553

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 X

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d X

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a	X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b	If "Yes," was the related organization a section 527 organization?	49b	X
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

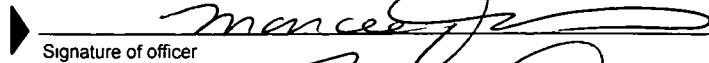
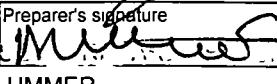
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
Name Str	Title			
City ST ZIP	Hr/WK 00			
f Total number of other employees paid over \$100,000 ►				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name SPEEDIE R PLUMMER Str 52 MOUNT VERNON AVE		
City MOUNT VERNON ST NY ZIP 10550	ACCOUNTING	3,000
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 ►		

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here			4/16/2011
	Signature of officer		Date
Preparer's Use Only			TREASURER
	Type or print name and title		
Paid Preparer's Use Only	Print/Type preparer's name	Preparer's signature	Date
	SPEEDIE R PLUMMER		4/15/2011
	Firm's name ► SPEEDIE R PLUMMER		Firm's EIN ►
Firm's address ► 52 MOUNT VERNON AVE MOUNT VERNON NY 10550		Phone no (914) 663-7700	

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

► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

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

2010

**Open to Public
Inspection**

Name of the organization

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC

Employer identification number

13-3673284

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

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

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III—Functionally integrated d Type III—Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	59,841	74,764	92,677	84,129	82,481	393,892
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	59,841	74,764	92,677	84,129	82,481	393,892
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						393,892

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	59,841	74,764	92,677	84,129	82,481	393,892
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	161	0	15	37	0	213
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 Total support. Add lines 7 through 10						394,105
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.95%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b 33 1/3% support test-2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0 00%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>SPRING LUNCHEON</u> (event type)	(b) Event #2 <u>CHRISMAS GALA</u> (event type)	(c) Other events <u>NONE</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	51,448	62,947	0	114,395
	2 Less Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	51,448	62,947	0	114,395
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	1,500	1,750	0	3,250
	6 Rent/facility costs	3,500	4,200	0	7,700
	7 Food and beverages	18,118	10,204	0	28,322
	8 Entertainment	800	1,000	0	1,800
	9 Other direct expenses	3,100	4,720	0	7,820
	10 Direct expense summary Add lines 4 through 9 in column (d)			► (48,892)
	11 Net income summary Combine line 3, column (d), and line 10			►	65,503

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain:

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain:

.....

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility

b An outside facility

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

13a	%
13b	%

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ 0 and the amount of gaming revenue retained by the third party ► \$ 0

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

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ 0

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ 0

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

.....

.....

.....

.....

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.....

.....

.....

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC

Employer identification number

13-3673284

Form 990-EZ, Part I, Line 10, Grants Paid, Activity COMMUNITY PROJECTS, Grantee: VARIOUS

JAMAICA Jamaica, Cash Grant 11,129, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity COMMUNITY PROJECTS, Grantee: Haiti, Cash

Grant 720, Relationship

Form 990-EZ, Part I, Line 10, Grants Paid, Activity community project, Grantee: various

Jamaica, Cash Grant 2,000, Relationship

Form 990-EZ, Part I, Line 16, Other Expenses Travel 19,932

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 32,544

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies 24,890

Form 990-EZ, Part I, Line 16, Other Expenses awards 650

Form 990-EZ, Part I, Line 16, Other Expenses Donations 1,000

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Charges 273

Form 990-EZ, Part I, Line 16, Other Expenses Van Expenses 2,930

Form 990-EZ, Part I, Line 16, Other Expenses taxes 60

Form 990-EZ, Part II, Line 24, Other Assets MEDICAL VAN Beginning of year 32,000, End of year 0

Form 990-EZ, Part II, Line 24, Other Assets EQUIPMENTS Beginning of year 1,632, End of year 1,088

Form 990-EZ, Part II, Line 24, Other Assets PREPAID EXP Beginning of year 2,000, End of year 1,000

Form 990-EZ, Part II, Line 26, Liabilities GRANTS & ACCRUALS Beginning of year 9,034, End of year 8,099

Form 990-EZ, Part III, Line 31, We visited India in February of 2010, we served more than 600 patients Grants and allocations: 0, Program service expenses 7,700

Name of the organization

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC

Employer identification number

13-3673284

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1 Contributions	1	15,263
2 Noncash contributions	2	
3 Membership dues and assessments (contributions from the public)	3	1,715
4 Government contributions (grants)	4	
5 Commercial co-venture	5	
6 Special events contributions (Line 6 - Special Events)	6	0
7 Associated organization contributions	7	
8	8	
9	9	
10	10	
11 Total	11	16,978

Part VI, Line 51 (990-EZ) - Highest Compensated Independent Contractors

Name and address of each independent contractor paid more than \$100,000			Type of service	Compensation
1. Name <u>SPEEDIE R PLUMMER</u> Street <u>52 MOUNT VERNON AVE</u> City <u>MOUNT VERNON</u> ST <u>NY</u> ZIP <u>10550</u>			<u>ACCOUNTING</u>	<u>3,000</u>
			Explanation <u>ACCOUNTING SERVICES</u>	
2. Check if Business <input type="checkbox"/> Foreign Country Name _____ Street _____				
3. Check if Business <input type="checkbox"/> Foreign Country Name _____ Street _____				
4. Check if Business <input type="checkbox"/> Foreign Country Name _____ Street _____				
5. Check if Business <input type="checkbox"/> Foreign Country Name _____ Street _____				

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

STATEMENT OF FINANCIAL POSITION
AS AT
DECEMBER 31, 2010

BALANCE SHEET

ASSETS

CURRENT ASSETS

Cash in hand & Bank	52,893
Prepaid Expenses	1,000
TOTAL CURRENT ASSETS	53,893

FIXED ASSETS

EQUIPMENTS	162,176
LESS DEPRECIATION	-161,088
	=====
TOTAL ASSETS	54,981
	=====

LIABILITIES & EQUITY

CURRENT LIABILITIES

ACCRUED EXPENSES	3,060
RESTRICTED FUNDS BALANCE	5,039
TOTAL CURRENT LIABILITIES	8,099

OTHER LIABILITIES:

OPERATING FUND BALANCE	46,882
------------------------	--------

=====

TOTAL LIABILITIES & EQUITY	54,981
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ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC

STATEMENT OF INCOME & EXPENDITURE
AS AT
DECEMBER 31, 2010

INCOME

Contributions & Gifts	15,263
Fund Raising	65,503
Membership Dues	1,715
 TOTAL INCOME	 <u>82,481</u>

EXPENSES

Medical Supplies	10,895
Dental Supplies	13,995
Awards & Recognitions	650
Special Projects	11,849
Donations	1,000
Postage	360
Accounting/Audit	3,000
Shipping & Storage	3,490
Mission Expenses	19,932
Telephone Exp.	1,019
Bank Charges	273
Medical Van Exp.	2,930
Sponsorship	2,000
Rent	8,600
Office Supplies	960
Taxes	60
Electric Exp.	203
Misc. Exp.	861
Depreciation Exp.	32,544

TOTAL EXPENSES **114,621**

NET INCOME (LOSS) **-32,140**

SCHEDULE OF RESTRICTED FUNDS

DR. ROY STREET SCHOLARSHIP	1,834
AFRICA FUND	400
SUMMIT PROJECT	2,800
HAITI DISASTER	5
TOTAL FUND BALANCES	<u>5,039</u>

SCHEDULE OF ACCRUED EXPENSES:

STATE TAXES	60
ACCOUNTING/AUDIT	3,000
TOTAL ACCRUED EXPENSES	3,060

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

MISSION EXPENSES.

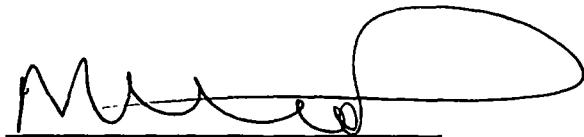
2010

JAMAICA	(January)	39,956
JAMAICA	(June)	35,404
HAITI		720
GHANA		1,462
INDIA		7,700
TOTAL MISSION EXP.		85,242

STATEMENT FROM THE INDEPENDENT ACCOUNTANTS

We have examined the Books and Records of the Organization For International Development
As at December 31, 2010 and in our opinion the attached Balance Sheet and Operating
Report significantly represents the status of the Corporation's Financial Position as at that date.

The Accounting method is on a Cash Basis, and the records are kept on Generally Accepted
Accounting Standards.

A handwritten signature in black ink, appearing to read "Speedie R. Plummer". The signature is fluid and cursive, with a large, rounded flourish at the end.

Speedie R. Plummer, Accountant

52 Mount Vernon Ave.

Mount Vernon, NY 10550

ORGANIZATION FOR INTERNATIONAL DEVELOPMENT, INC.

PO BOX 1350

BRONX, NY 10466

MANAGEMENT REVIEW AND CERTIFICATION

We have reviewed the Accounts and Records of the Organization for International Development, Inc., and in our opinion the accompanying Balance Sheet and Income and Expenditure Report represent in all material respect, the Financial position of the Corporation as at December 31, 2010.

Sign:

Roy Streete

CEO

Sign:

Markups

Treasurer

Depreciation and Amortization

(Including Information on Listed Property)

2010

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return ORGANIZATION FOR INTERNATIONAL DEVELOPMENT	Business or activity to which this form relates 990EZ	Identifying number 13-3673284
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4 0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5 0

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8 0
9 Tentative deduction Enter the smaller of line 5 or line 8	9 0
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12 0
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12	► 13 0

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

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

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

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	2,183
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	2,183
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25		
26 Property used more than 50% in a qualified business use										
HP LAP TOP COMP	2/12/2009	100 00%	2,176	1,088		4	200DB - HY		408	
MEDICAL VAN	1/15/2006	100 00%	160,000	160,000		5	200DB - HY		1,775	
27 Property used 50% or less in a qualified business use										
		%					S/L -			
		%					S/L -			
		%					S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28	2,183	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29	0	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

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

Part VI	Amortization						
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2010 tax year (see instructions)							
43 Amortization of costs that began before your 2010 tax year						43	
44 Total. Add amounts in column (f) See the instructions for where to report						44	0