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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

A For the 2005 calendar year, or tax year beginning 2005, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <b>INTERNATIONAL TEAMS</b>		D Employer identification number <b>36-6069820</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>411 WEST RIVER RD.</b>		E Telephone number <b>(847) 429-0900</b>
		City or town, state or country, and ZIP + 4 <b>ELGIN, IL 60123-1570</b>		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify):

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.ITEAMS.ORG**J Organization type (check only one) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ If the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes," enter number of affiliates ☐H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ NoI Group Exemption Number ☐M Check ☒ If the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **8,861,293.**

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

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1a	8,633,547.	
b Indirect public support	1b		
c Government contributions (grants)	1c		
d Total (add lines 1a through 1c) (cash \$ <b>8,633,547.</b> noncash \$ )	1d	8,633,547.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2	
3 Membership dues and assessments		3	
4 Interest on savings and temporary cash investments		4	
5 Dividends and interest from securities		5	16,374.
6a Gross rents	6a		
b Less: rental expenses	6b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	110,392.	
7 Other investment income (describe: )		7	
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other
b Less: cost or other basis and sales expenses	8a		
c Gain or (loss) (attach schedule)	8b		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		9d	
a Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b Less: direct expenses other than fundraising expenses	9b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances	10a		
b Less: cost of goods sold	10b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)		11	100,980.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	8,861,293.
13 Program services (from line 44, column (B))		13	8,267,548.
14 Management and general (from line 44, column (C))		14	909,076.
15 Fundraising (from line 44, column (D))		15	472,681.
16 Payments to affiliates (attach schedule)		16	
17 Total expenses (add lines 16 and 44, column (A))		17	9,649,305.
18 Excess or (deficit) for the year (subtract line 17 from line 12)		18	-788,012.
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19	6,592,283.
20 Other changes in net assets or fund balances (attach explanation) <b>STMT 4</b>		20	1,715.
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	5,805,986.

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

Form 990 (2005)

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NO STATUTE ISSUE

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	(cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	222,227.	65,465.	124,083.	32,679.
26	Other salaries and wages	4,735,256.	4,342,914.	205,787.	186,555.
27	Pension plan contributions	NONE	NONE		
28	Other employee benefits	854,242.	696,155.	115,858.	42,229.
29	Payroll taxes	267,026.	233,254.	23,140.	10,632.
30	Professional fundraising fees				
31	Accounting fees	22,563.	3,028.	19,453.	82.
32	Legal fees	9,161.	8,255.	433.	473.
33	Supplies	136,468.	110,278.	14,263.	11,927.
34	Telephone	73,917.	48,753.	19,149.	6,015.
35	Postage and shipping	54,257.	24,957.	21,799.	7,501.
36	Occupancy	173,764.	142,333.	25,668.	5,763.
37	Equipment rental and maintenance	52,946.	23,169.	22,634.	7,143.
38	Printing and publications	28,641.	24,346.	1,616.	2,679.
39	Travel	887,455.	777,914.	51,856.	57,685.
40	Conferences, conventions, and meetings	196,169.	141,783.	35,962.	18,424.
41	Interest	133,177.	96,346.	33,639.	3,192.
42	Depreciation, depletion, etc. (attach schedule)	290,009.	223,307.	63,802.	2,900.
43	Other expenses not covered above (itemize):				
a	STMT 5	1,512,027.	1,305,291.	129,934.	76,802.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	9,649,305.	8,267,548.	909,076.	472,681.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>MISSIONARY SERVICES</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a</b> <u>EVANGELISM, CHURCH PLANTING, RELIEF DEVELOPMENT- ASSISTING OVERSEAS NATIONALS IN STARTING NEW CHURCHES, PROVIDING HEALTH SERVICES, MEDICINE, FOOD, EDUCATION FOR THE ECONOMICALLY DISADVANTAGED</u>  (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	6,918,267.
<b>b</b> <u>MISSIONARY AWARENESS AND EDUCATION - EDUCATING CHURCHES IN OVERSEAS MINISTRY OPPORTUNITIES</u>  (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	636,164.
<b>c</b> <u>MISSIONARY TRAINING - EDUCATION OF THOSE INTERESTED IN OVERSEAS MISSIONS</u>  (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	713,117.
<b>d</b> _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . .	8,267,548.

Form 990 (2005)

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	800,660.	46	799,227.
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule) STMT. 6	51a 4,000.		
	b Less: allowance for doubtful accounts	51b	51c	4,000.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities (attach schedule) STMT. 7. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	657,707.	54	21,632.
	55a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments - other (attach schedule) STMT. 8.	67,235.	56	64,382.	
57a Land, buildings, and equipment: basis	57a 9,149,909.			
b Less: accumulated depreciation (attach schedule)	57b 2,040,212.	7,335,756.	57c	7,109,697.
58 Other assets (describe STMT. 9)	23,236.	58	114,798.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.	8,948,348.	59	8,113,736.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	170,203.	60	135,657.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) STMT. 10.	2,071,784.	64b	2,047,005.
	65 Other liabilities (describe STMT. 11)	114,078.	65	125,088.
66 <b>Total liabilities.</b> Add lines 60 through 65.	2,356,065.	66	2,307,750.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	5,169,336.	67	4,104,991.
	68 Temporarily restricted	1,253,447.	68	1,531,495.
	69 Permanently restricted	169,500.	69	169,500.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	6,592,283.	73	5,805,986.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.	8,948,348.	74	8,113,736.	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)**

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	8,858,302.
<b>b</b>	Amounts included on line a but not on Part I, line 12:		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	1,715.
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	1,715.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	8,856,587.
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	4,706.
<b>2</b>	Other (specify): _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	4,706.
<b>e</b>	Total revenue (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	8,861,293.

## Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	9,644,599.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify): -----	<b>b4</b>	
	-----		
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	9,644,599.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	4,706.
<b>2</b>	Other (specify): -----	<b>d2</b>	
	-----		
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	4,706.
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	9,649,305.

**Part V** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]



**Part VI Other Information (continued)**

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	X	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911	N/A	
	section 4912	N/A	
	section 4955	N/A	
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90 a	List the states with which a copy of this return is filed	TN	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	164	
91 a	The books are in care of	RACHAEL WHITE	
	Located at	411 WEST RIVER ROAD ELGIN, IL	
	Telephone no	847-429-0900	
	ZIP + 4	60123-1570	
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)?	X	
	If "Yes," enter the name of the foreign country	COSTA RICA	
	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 United States?		X
	If "Yes," enter the name of the foreign country		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		
	and enter the amount of tax-exempt interest received or accrued during the tax year		N/A



**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	16,374.	
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .			16	110,392.	
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a _____					
b MISC. INCOME			01	14,438.	
c LATIN AMERICA			01		
d TRAINING CENTER			01	86,542.	
e _____					
104 Subtotal (add columns (B), (D), and (E)) . . . . .				227,746.	
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					227,746.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	N/A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
FIDELITY HOLDING COMPANY, S.A.	100.00%	HOLDING OF	107,218	579,640
APDO 148-3017	%	REAL ESTATE		
SAN ISIDRO DE HEREDIA FC COSTA RICA	%			
FOREIGN	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign Here	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.			
	Signature of officer <u>Paul S. Regan</u>		Date <u>7/28/2010</u>	
Paid Preparer's Use Only	Type or print name and title <u>PAUL S. REGAN, TREASURER</u>			
	Preparer's signature <u>Peter A. Jont</u>	Date <u>7/12/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
Firm's name (or yours if self-employed), address, and ZIP + 4 <u>RSM MCGLADREY INC</u> <u>570 LAKE COOK ROAD STE 300</u> <u>DEERFIELD, IL 60015</u>		EIN <u>41-1944416</u>	Phone no <u>847-940-1300</u>	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2005**

Name of the organization

Employer identification number

**INTERNATIONAL TEAMS**

**36-6069820**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
SCOTT MCCrackEN GREECE	MISSIONARY 40	81,213.	5,120.	
DAVID POHLMEIER ALGONQUIN, IL	FACILITIES 40	63,122.	11,169.	
MARK EDWARDS COSTA RICA	MISSIONARY 40	70,818.	5,900.	
JOHN PAVEY FRANCE	MISSIONARY 40	89,588.	8,841.	
ALLAN PAVEY FRANCE	MISSIONARY 40	62,300.	4,134.	
Total number of other employees paid over \$50,000 . . ▶		NONE		

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services . . . . . ▶		NONE

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services . . . . . ▶		NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property? . . . . .	2a		X
b	Lending of money or other extension of credit? . . . . .	2b		X
c	Furnishing of goods, services, or facilities? . . . . .	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X	
e	Transfer of any part of its income or assets? . . . . .	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .	3a		X
b	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .	3c		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	8,139,749.	8,203,382.	7,374,744.	9,180,813.	32,898,688.
<b>16</b> Membership fees received . . . . .					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	112,553.	25,556.	36,919.	109,778.	284,806.
<b>19</b> Net income from unrelated business activities not included in line 18 . . . . .		63,532.		-75,308.	-11,776.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
<b>21</b> 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 . . . . .					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 15 74,910.	1,008,520.	64,025.	40,676.	1,188,131.
<b>23</b> Total of lines 15 through 22 . . . . .	8,327,212.	9,300,990.	7,475,688.	9,255,959.	34,359,849.
<b>24</b> Line 23 minus line 17. . . . .	8,327,212.	9,300,990.	7,475,688.	9,255,959.	34,359,849.
<b>25</b> Enter 1% of line 23. . . . .	83,272.	93,010.	74,757.	92,560.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 . . . . . ▶					26a 687,197.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . . . . ▶					26c 34,359,849.
d Add: Amounts from column (e) for lines: 18 <u>284,806.</u> 19 <u>-11,776.</u> . . . . . ▶					26d 1,461,161.
22 <u>1,188,131.</u> 26b <u>                    </u> . . . . . ▶					26e 32,898,688.
e Public support (line 26c minus line 26d total) . . . . . ▶					26f 95.7475 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶					
<b>27</b> Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. NOT APPLICABLE (2004) _____ (2003) _____ (2002) _____ (2001) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2004) _____ (2003) _____ (2002) _____ (2001) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ . . . . . ▶					27c
d Add: Line 27a total. . . . . and line 27b total. . . . . ▶					27d
e Public support (line 27c total minus line 27d total). . . . . ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . . . . ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶					27h %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>	
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<b>32</b> Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
d Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<b>33a</b>	
b Admissions policies?	<b>33b</b>	
c Employment of faculty or administrative staff?	<b>33c</b>	
d Scholarships or other financial assistance?	<b>33d</b>	
e Educational policies?	<b>33e</b>	
f Use of facilities?	<b>33f</b>	
g Athletic programs?	<b>33g</b>	
h Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
-----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a If the organization belongs to an affiliated group Check ☐ b If you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000 . . . . .	20% of the amount on line 40 . . . . .	
Over \$500,000 but not over \$1,000,000 . . . . .	\$100,000 plus 15% of the excess over \$500,000 . . . . .	
Over \$1,000,000 but not over \$1,500,000 . . . . .	\$175,000 plus 10% of the excess over \$1,000,000 . . . . .	
Over \$1,500,000 but not over \$17,000,000 . . . . .	\$225,000 plus 5% of the excess over \$1,500,000 . . . . .	
Over \$17,000,000 . . . . .	\$1,000,000 . . . . .	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 11 of the instructions.)

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2005</b>	<b>(b) 2004</b>	<b>(c) 2003</b>	<b>(d) 2002</b>	<b>(e) Total</b>
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities****NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of:**

	Yes	No
<b>51a(i)</b>		X
<b>a(ii)</b>		X
<b>b(i)</b>		X
<b>b(ii)</b>		X
<b>b(iii)</b>		X
<b>b(iv)</b>		X
<b>b(v)</b>		X
<b>b(vi)</b>		X
<b>c</b>		X

(i) Cash	.....
(ii) Other assets	.....

**b Other transactions:**

(i) Sales or exchanges of assets with a noncharitable exempt organization . . . . .

(ii) Purchases of assets from a noncharitable exempt organization . . . . .

(iii) Rental of facilities, equipment, or other assets . . . . .

(iv) Reimbursement arrangements . . . . .

(v) Loans or loan guarantees . . . . .

(vi) Performance of services or membership or fundraising solicitations . . . . .

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? .....

► ☐ Yes ☒ No

**b If "Yes," complete the following schedule:**

[illegible]

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

110,392.

-----

110,392.

=====



## RENT AND ROYALTY SUMMARY

=====

PROPERTY -----	TOTAL INCOME -----	DEPLETION/ DEPRECIATION -----	OTHER EXPENSES -----	ALLOWABLE NET INCOME -----
BUILDING/ROOM RENTAL	110,392.			110,392.
	-----	-----	-----	-----
TOTALS	110,392.			110,392.
	=====	=====	=====	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES  
=====DESCRIPTION  
-----AMOUNT  
-----

UNREALIZED GAIN

1,715.  
-----

TOTAL

1,715.  
=====

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONTRIBUTIONS TO AFFILIATES	645,357.	635,896.	4,714.	4,747.
MISSIONARY EXPENSES	374,223.	335,246.	12,829.	26,148.
CONSULTING	104,853.	47,108.	40,558.	17,187.
ENTERTAINMENT	48,769.	41,374.	3,952.	3,443.
ADVERTISING	39,433.	24,662.	11,968.	2,803.
INTERNET	38,855.	23,963.	9,118.	5,774.
MISCELLANEOUS	255,831.	197,042.	42,089.	16,700.
UNITRUST PAYMENTS	4,706.		4,706.	
TOTALS	1,512,027.	1,305,291.	129,934.	76,802.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE  
=====

BORROWER:	NOTES RECEIVABLE FROM EMPLOYEES
DATE OF NOTE:	09/13/2001
MATURITY DATE:	09/13/2006
PURPOSE OF LOAN:	O/S BAL OF ORIGINAL HSG LOAN AGREEMENT

BEGINNING BALANCE DUE .....	63,754.
ENDING BALANCE DUE .....	4,000.
	-----

TOTAL BEGINNING OTHER NOTES AND LOANS RECEIVABLE	63,754.
	=====

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES	4,000.
	=====

## FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
MUTUAL FUNDS	21,632.
	-----
TOTALS	21,632.
	=====

FORM 990, PART IV - INVESTMENTS - OTHER  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
ASSETS HELD UNDER SPLIT-INT	64,382.
TOTALS	----- 64,382. =====

FORM 990, PART IV - OTHER ASSETS  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID EXPENSES AND OTHER	28,354.
EMPLOYEE ADVANCES	86,444.
	-----
TOTALS	114,798.
	=====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE  
=====

LENDER: 6.75% MORTGAGE NOTE DUE 07/01/05

BEGINNING BALANCE DUE ..... 1,871,784.

LENDER: 5% NOTE DUE 08/04/08

BEGINNING BALANCE DUE ..... 200,000.

ENDING BALANCE DUE ..... 200,000.  
-----

LENDER: 6.625% MORTGAGE NOTE PAYABLE DUE 7/1/06

ENDING BALANCE DUE ..... 1,847,005.  
-----TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE 2,071,784.  
=====TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE 2,047,005.  
=====



## FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION -----	ENDING BOOK VALUE -----
DUE TO AFFILIATE ORGANIZATIONS	108,204.
LIAB. UNDER SPLIT-INT AGRMT	16,884.
	-----
TOTALS	125,088.
	=====

## INTERNATIONAL TEAMS

36-6069820

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
STEPHEN FREED 411 WEST RIVER RD. ELGIN, IL 60123-1570	PRESIDENT 40	61,252.	11,362.	
DR. DON BYKER WBW DEVELOPMENT COMPANY, LLC RI BOX 45 AA DAMON SHORE DRIVE ALTON, NH 03809	BOD MEMBER			
ROSE CORNELIOUS COVENANT WORLD MISSION 5101 N. FRANCISCO AVENUE CHICAGO, IL 60625	BOD MEMBER			
STEPHEN H. FRASER MAY LOGISTICS SERVICES, INC. 935 W. 175TH STREET HOMewood, IL 60430	BOD MEMBER			
DENNIS F. SNYDER 1-800-RADIATOR 4401 PARK ROAD BENICIA, CA 94510	BOD MEMBER			
TONY P. TRIMBLE TRIMBLE & ASSOC., LTD. 10201 WAYZATA BLVD., SUITE 130 MINNEAPOLIS, MN 55305	BOD MEMBER			
TIM BARNES 411 WEST RIVER RD.	COO 40	69,163.	11,275.	

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STATEMENT 12

## INTERNATIONAL TEAMS

36-6069820

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ELGIN, IL 60123-1570				
SARAH SIKKEMA 411 WEST RIVER RD. ELGIN, IL 60123-1570	ASSISTANT SECRETARY 40	47,088.	4,812.	
RACHAEL WHITE 411 WEST RIVER RD. ELGIN, IL 60123-1570	TREASURER 40	44,724.	4,805.	
REV. CATHERINE GILLIARD COMMISSIONED DISC., COVENANT CHURCH PO BOX 847 PINE LAKE, GA 30072	BOD MEMBER			
DR. ALFORD H. OTTLEY U OF D.C. - WASH., D.C. 4200 CONNECTICUT AVE NW WASHINGTON, DC 20008	BOD MEMBER			
SILAS SHADID EQUITY MANAGEMENT GROUP PO BOX 365 BENSENVILLE, IL 60106				
	GRAND TOTALS	222,227.	32,254.	

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STATEMENT 13

## SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

THE ORG. PAYS REASONABLE COMPENSATION TO ITS OFFICERS AND EMPLOYEES. SUCH INDIVIDUALS ARE REIMBURSED FOR AMOUNTS EXPENDED ON BEHALF OF THE ORG. INTERNAL CONTROLS ARE IN PLACE TO ENSURE THAT THE EXPENDITURES ARE MADE FOR APPROPRIATE ORG. PURPOSES.

## SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
OTHER INVESTMENT INCOME	56,539.	166,708.			223,247.
OTHER REVENUE	18,371.	841,812.	64,025.	40,676.	964,884.
TOTALS	74,910.	1,008,520.	64,025.	40,676.	1,188,131.

009640

Form **8868**  
(Rev. December 2004)  
Department of the Treasury  
Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1708

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . . . ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

### Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ☐  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print	Name of Exempt Organization <b>International Teams</b>	Employer identification number <b>36 : 8089820</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>411 West River Road</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>Elgin, IL 60123</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **Rachael Weed, 411 West River Road, Elgin, IL 60123**

Telephone No. ▶ ( **847** ) **429-0900**

FAX No. ▶ ( **847** ) **429-0800**

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box ▶ ☐. If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until **August 15**, 20**06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 20**05** or
- ▶ ☐ tax year beginning . . . . ., 20 . . . . . and ending . . . . ., 20 . . . . .

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . . \$

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit . . . . . \$

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions . . . . . \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Cat. No. 27916D

Form **8868** (Rev. 12-2004)

