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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2007**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.

Open to Public  
Inspection**A** For the 2007 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☒ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions

**C** Name of organization**INTERNATIONAL TEAMS**

Number and street (or P.O. box if mail is not delivered to street address)

**411 WEST RIVER RD**

City or town, state or country, and ZIP + 4

**ELGIN, IL 60123-1570****D** Employer identification number**36-6069820****E** Telephone number**847-429-0900****F** Accounting method ☐ Cash ☒ Accrual  
☐ 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).

**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No  
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**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 is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **11,685,603.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	<b>11,519,552.</b>	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ <b>11,519,552.</b> noncash \$ )	1e	<b>11,519,552.</b>	
	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	<b>30,090.</b>	
	6a	Gross rents	6a	<b>91,121.</b>	
	6b	Less: rental expenses	6b		
Expenses	c	Net rental income or (loss). Subtract line 6b from line 6a	6c	<b>91,121.</b>	
	7	Other investment income (describe )	7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities	<b>4,009.</b>	(B) Other
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b	<b>4,373.</b>	
	d	Net gain or (loss). Combine line 8b, column (A), and (B)	8c	<b>&lt;364.&gt;</b>	
	8d		8d	<b>&lt;364.&gt;</b>	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	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		
	Net Assets	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	<b>40,831.</b>	
12		Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	<b>11,681,230.</b>	
13		Program services (from line 44, column (B))	13	<b>9,888,734.</b>	
14		Management and general (from line 44, column (C))	14	<b>1,349,103.</b>	
15		Fundraising (from line 44, column (D))	15	<b>680,304.</b>	
16		Payments to affiliates (attach schedule)	16		
17		Total expenses. Add lines 16 and 44, column (A)	17	<b>11,918,141.</b>	
18		Excess or (deficit) for the year. Subtract line 17 from line 12	18	<b>&lt;236,911.&gt;</b>	
19		Net assets or fund balances at beginning of year (from line 73, column (A))	19	<b>5,376,191.</b>	
20	Other changes in net assets or fund balances (attach explanation)	20	<b>3,712.</b>		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	<b>5,142,992.</b>		

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

Form 990 (2007)

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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.

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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	235,731.	65,589.	138,159.	31,983.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	5,949,909.	5,404,676.	332,347.	212,886.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	965,580.	778,764.	148,084.	38,732.
<b>29</b> Payroll taxes	348,567.	299,940.	34,377.	14,250.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	12,600.	1,295.	11,285.	20.
<b>32</b> Legal fees	3,396.	1,886.	915.	595.
<b>33</b> Supplies	234,190.	200,514.	19,694.	13,982.
<b>34</b> Telephone	67,897.	44,335.	17,976.	5,586.
<b>35</b> Postage and shipping	120,144.	68,335.	25,987.	25,822.
<b>36</b> Occupancy	179,533.	142,652.	28,312.	8,569.
<b>37</b> Equipment rental and maintenance	49,760.	23,207.	19,716.	6,837.
<b>38</b> Printing and publications	96,725.	64,111.	14,530.	18,084.
<b>39</b> Travel	1,246,904.	1,084,817.	74,577.	87,510.
<b>40</b> Conferences, conventions, and meetings	295,675.	227,737.	34,622.	33,316.
<b>41</b> Interest	200,796.	42,543.	148,694.	9,559.
<b>42</b> Depreciation, depletion, etc. (attach schedule)	255,837.	196,994.	56,285.	2,558.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 4</b>	1,654,897.	1,241,339.	243,543.	170,015.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	11,918,141.	9,888,734.	1,349,103.	680,304.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

**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? ►

**MISSIONARY SERVICES**

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.)

**a** EVANGELISM, CHURCH PLANTING, RELIEF DEVELOPMENT - ASSISTING OVERSEAS NATIONALS IN STARTING NEW CHURCHES, PROVIDING HEALTH SERVICES, MEDICINE, FOOD, EDUCATION FOR THE ECONOMICALLY DISADVANTAGED

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**8,285,593.**

**b** MISSIONARY AWARENESS AND EDUCATION - EDUCATING CHURCHES IN OVERSEAS MINISTRY OPPORTUNITIES

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**832,253.**

**c** MISSIONARY TRAINING - EDUCATION OF THOSE INTERESTED IN OVERSEAS MISSIONS

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**770,888.**

**d** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e** Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ► **9,888,734.**

Form 990 (2007)

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

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45 1,136,375.
	46 Savings and temporary cash investments	1,568,589.	46 143,475.
	47 a Accounts receivable	47a	47c
	b Less: allowance for doubtful accounts	47b	
	48 a Pledges receivable	48a	48c
	b Less: allowance for doubtful accounts	48b	
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	51c
	b Less: allowance for doubtful accounts	51b	
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	16,997.	54a 17,277.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment - basis	55a	55c	
b Less: accumulated depreciation	55b		
56 Investments - other SEE STATEMENT 5	62,839.	56 61,454.	
57 a Land, buildings, and equipment - basis	57a 9,391,322.		
b Less: accumulated depreciation STMT 6	57b 2,561,569.	57c 6,829,753.	
58 Other assets, including program-related investments (describe SEE STATEMENT 7)	70,133.	58 74,286.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	8,638,757.	59 8,262,620.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	109,433.	60 114,279.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees STMT 8	250,000.	63 250,000.
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 9 STMT 10	2,790,859.	64b 2,590,859.
	65 Other liabilities (describe SEE STATEMENT 11)	112,274.	65 164,490.
66 <b>Total liabilities.</b> Add lines 60 through 65	3,262,566.	66 3,119,628.	
<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	3,160,431.	67 2,656,275.
	68 Temporarily restricted	2,046,260.	68 2,317,217.
	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 and column (B) must equal line 21)	5,376,191.	73 5,142,992.	
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	8,638,757.	74 8,262,620.	





**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?	82a	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)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	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?	85h	N/A
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	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.)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>AK, AZ, KY, MD, MN, NH, TN, WA, WI, WV</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	249
91 a	The books are in care of <u>RONALD SMITH</u> Telephone no. <u>847-429-0900</u> Located at <u>411 WEST RIVER ROAD, ELGIN, IL</u> ZIP + 4 <u>60123-1570</u>		
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 <u>COSTA RICA</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X



**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

X

If "Yes," enter the name of the foreign country **N/A**

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

92

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) Exclu- sion 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	30,090.	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	91,121.	
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			14	<364.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISC INCOME			01	39,394.	
b LATIN AMERICA TRAINING					
c CENTER			01	1,437.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		161,678.	0.
105 Total (add line 104, columns (B), (D), and (E))					161,678.

Note: Line 105 plus line 1e, 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).
▼	

**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	%	HOLDING LAND &		
COMPANY, S.A. - APDO	%	BUILDING		
148-3017, SAN ISIDRO	%			
DE HEREDIA, FC	100.00%		13,570.	543,724

**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

X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes

X No

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

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	FIDELITY HOLDING COMPANY, S.A. APDO 148-3017 SAN ISIDRO DE HEREDIA FC COSTA RICA	FOREIGN	CASH DONATION	124,250	x	
b						
c						
<b>Totals</b>						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a						x
b						
c						
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

	Yes	No
		x

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.

Please Sign Here

Signature of officer: Paul S. Regan Date: 7/28/2010

Type or print name and title: PAUL S. REGAN, TREASURER

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 7/12/10 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: RSM MCCLADREY, INC.  
570 LAKE COOK ROAD, STE 300  
DEERFIELD, ILLINOIS 60015

Preparer's SSN or PTIN (See Gen. Inst. X):  EIN:  Phone no.: 847-940-1300

**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

**2007**

Name of the organization

**INTERNATIONAL TEAMS**

Employer identification number

**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 40.00	105,035.		
STEPHEN FREED BARRINGTON, IL	MISSIONARY 40.00	113,075.	2,164.	
JOSHUA SHAARDA UGANDA	MISSIONARY 40.00	79,368.		
RICHARD WILLIAMS SANTA ANNA, CA	MISSIONARY 40.00	78,380.		
ANGELA SLIEDRECHT UGANDA	MISSIONARY 40.00	77,642.		

Total number of other employees paid over \$50,000 ▶

**28**

**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 ▶

**0**

**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 ▶

**0**

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	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.) 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.	<b>1</b>	<b>X</b>
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	<b>X</b>
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3 a</b>	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	<b>3a</b>	<b>X</b>
<b>b</b>	Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	<b>X</b>
<b>c</b>	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	<b>3c</b>	<b>X</b>
<b>d</b>	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>	<b>X</b>
<b>4 a</b>	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	<b>4a</b>	<b>X</b>
<b>b</b>	Did the organization make any taxable distributions under section 4966?	<b>4b</b>	
<b>c</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>	
<b>d</b>	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
<b>e</b>	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
<b>f</b>	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
<b>g</b>	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

SEE STATEMENT 14

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> <b>▶</b>					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	9,943,488.	8,633,547.	8,139,749.	8,203,382.	34,920,166.
<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, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	103,845.	126,766.	112,553.	25,556.	368,720.
<b>19</b> Net income from unrelated business activities not included in line 18				63,532.	63,532.
<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	53,487.	100,980.	SEE STATEMENT 15 74,910.	1,008,520.	1,237,897.
<b>23</b> Total of lines 15 through 22	10100820.	8,861,293.	8,327,212.	9,300,990.	36,590,315.
<b>24</b> Line 23 minus line 17	10100820.	8,861,293.	8,327,212.	9,300,990.	36,590,315.
<b>25</b> Enter 1% of line 23	101,008.	88,613.	83,272.	93,010.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 731,806.
<b>b</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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 36,590,315.
<b>d</b> Add: Amounts from column (e) for lines: 18 368,720. 19 63,532. 22 1,237,897. 26b					<b>26d</b> 1,670,149.
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 34,920,166.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 95.4355%
<b>27</b> Organizations described on line 12: <b>a</b> 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: N/A					
(2006) (2005) (2004) (2003)					
<b>b</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 11b, 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: N/A					
(2006) (2005) (2004) (2003)					
<b>c</b> Add: Amounts from column (e) for lines: 15 16 17 20 21					<b>27c</b> N/A
<b>d</b> Add: Line 27a total and line 27b total					<b>27d</b> N/A
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
<b>f</b> Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 9 of the instructions.)

N/A

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

	Yes	No
29 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?		
30 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?		
31 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.)		
<hr/>		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
<hr/>		
<hr/>		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
35 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	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)**N/A**(To be completed **ONLY** by an eligible organization that filed Form 5768)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>N/A</b>	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - <div style="display: flex; justify-content: space-between;"> <div> <p><b>If the amount on line 40 is -</b></p> <p>Not over \$500,000</p> <p>Over \$500,000 but not over \$1,000,000</p> <p>Over \$1,000,000 but not over \$1,500,000</p> <p>Over \$1,500,000 but not over \$17,000,000</p> <p>Over \$17,000,000</p> </div> <div> <p><b>The lobbying nontaxable amount is -</b></p> <p>20% of the amount on line 40</p> <p>\$100,000 plus 15% of the excess over \$500,000</p> <p>\$175,000 plus 10% of the excess over \$1,000,000</p> <p>\$225,000 plus 5% of the excess over \$1,500,000</p> <p>\$1,000,000</p> </div> </div>	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**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 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

**N/A**

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:

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i 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.

Yes	No	Amount
		0.





FORM 5471	OTHER INCOME	STATEMENT	1
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
OTHER INCOME - DONATIONS	1,436.		1,436.
TOTAL TO 5471, SCHEDULE C, LINE 8	1,436.		1,436.

FORM 5471	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLAR
ACCOUNTING FEES	1,319.		1,319.
AUTO EXPENSE	1,620.		1,620.
BUILDING REPAIRS & SUPPLIES	6,550.		6,550.
SUPPLIES	3,543.		3,543.
TELEPHONE	456.		456.
UTILITIES	4,990.		4,990.
TOTAL TO 5471, SCHEDULE C, LINE 16	18,478.		18,478.

FORM 5471	OTHER CURRENT LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD	
CASH OVERDRAFT	0.	9,487.	
TOTAL TO 5471, PAGE 3, SCHEDULE F, LINE 15	0.	9,487.	

## STATEMENT ATTACHMENT TO FORM 990 PAGE 2

DESCRIPTION	FIXED ASSETS		
	COST 12/31/2006	ADDITIONS	COST 12/31/2007
LAND	739,413	60,000	799,413
LAND IMPROVEMENTS	86,822		86,822
BUILDINGS	7,735,121	108,141	7,843,262
OFFICE FURNITURE & EQUIPMENT	348,239		348,239
APARTMENT FURNITURE	164,981		164,981
COMPUTER EQUIPMENT	105,411		105,411
VEHICLES	45,945		43,194
		(2,750)	
	9,225,931	168,141	9,391,322
		(2,750)	
DESCRIPTION	ACCUMULATED DEPRECIATION		
	12/31/2006	ADDITIONS	12/31/2007
ACCUMULATED DEPRECIATION-LAND IMPROVEMEN	(20,086)	(2,778)	(22,864)
ACCUMULATED DEPRECIATION-BUILDINGS	(1,657,918)	(236,347)	(1,894,264)
ACCUMULATED DEPRECIATION-OFFICE FURNITURE	(341,029)	(3,642)	(344,671)
ACCUMULATED DEPRECIATION-APARTMENT FURNI	(164,981)	0	(164,981)
ACCUMULATED DEPRECIATION-COMPUTER EQUIP	(83,065)	(11,386)	(94,452)
ACCUMULATED DEPRECIATION-VEHICLES	(38,653)	(1,683)	(40,336)
	(2,305,732)	(255,837)	(2,561,569)

## STATEMENT ATTACHMENT TO FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	799,413		799,413
LAND IMPROVEMENTS	86,822	(22,864)	63,958
BUILDINGS	7,843,262	(1,894,264)	5,948,998
OFFICE FURNITURE & EQUIPMENT	348,239	(344,671)	3,568
APARTMENT FURNITURE	164,981	(164,981)	0
COMPUTER EQUIPMENT	105,411	(94,452)	10,959
VEHICLES	43,194	(40,336)	2,857
TOTAL TO FORM 990, PART IV, LN 57	9,391,322	(2,561,569)	6,829,753

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
BUILDING/ROOM RENTAL-DAILY, WEEKEND, LONG-TERM	1	91,121.	
TOTAL TO FORM 990, PART I, LINE 6A		91,121.	

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT 2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS STOCK	4,009.	4,373.	0.	<364.>
TO FORM 990, PART I, LINE 8	4,009.	4,373.	0.	<364.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	3
DESCRIPTION	AMOUNT		
UNREALIZED GAIN ON INVESTMENTS	3,712.		
TOTAL TO FORM 990, PART I, LINE 20	3,712.		

FORM 990	OTHER EXPENSES			STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
GRANTS TO PARTICIPATING ORGANIZATIONS	838,099.	632,860.	94,788.	110,451.	
MISSIONARY EXPENSES	421,239.	349,638.	39,236.	32,365.	
CONSULTING	76,330.	20,067.	53,405.	2,858.	
ENTERTAINMENT	52,471.	45,785.	4,062.	2,624.	
ADVERTISING	14,282.	13,651.	296.	335.	
INTERNET	45,381.	29,886.	8,057.	7,438.	
MISCELLANEOUS	202,617.	149,452.	39,221.	13,944.	
UNITRUST PAYMENTS	4,478.		4,478.		
TOTAL TO FM 990, LN 43	1,654,897.	1,241,339.	243,543.	170,015.	

FORM 990	OTHER INVESTMENTS	STATEMENT	5
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DESCRIPTION	VALUATION METHOD	AMOUNT
ASSETS HELD UNDER SPLIT-INT	MARKET VALUE	61,454.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		61,454.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
BUILDING ADDITIONS	108,141.	1,273.	106,868.
TOTAL TO FORM 990, PART IV, LN 57	108,141.	1,273.	106,868.

FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
PREPAID EXPENSES & OTHER ASSETS	10,041.	1,889.
EMPLOYEE ADVANCES	60,092.	72,397.
TOTAL TO FORM 990, PART IV, LINE 58	70,133.	74,286.

FORM 990	LOANS PAYABLE TO OFFICER'S, DIRECTOR'S, ETC.	STATEMENT	8
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LENDER'S NAME AND TITLE			ORIGINAL LOAN AMOUNT
DON BYKER			250,000.

  

DATE OF NOTE	MATURITY DATE	TERMS OF REPAYMENT	INTEREST RATE
04/21/06	04/21/11	AT MATURITY	.00%

SECURITY PROVIDED BY BORROWER	PURPOSE OF LOAN
UNSECURED	ACQUISITION OF THE LAND

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
N/A	0.	250,000.
TOTAL TO FORM 990, PART IV, LINE 63, COLUMN B		250,000.

FORM 990	MORTGAGES PAYABLE	STATEMENT	9
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DESCRIPTION	BALANCE DUE
7.63% MORTGAGE NOTE PAYABLE	1,840,859.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,840,859.

FORM 990	OTHER NOTES AND LOANS PAYABLE	STATEMENT 10
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LENDER'S NAME		TERMS OF REPAYMENT	
LA MULTICENTER		AT MATURITY	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
08/04/03	08/04/08	200,000.	5.00%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
UNSECURED		UNRESTRICTED	

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
N/A	0.	0.

LENDER'S NAME		TERMS OF REPAYMENT	
JP MORGAN		AT MATURITY	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
05/10/06	05/31/09	750,000.	6.13%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	
UNSECURED		WORKING CAPITAL LOAN	

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
N/A	0.	750,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B	750,000.
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FORM 990	OTHER LIABILITIES	STATEMENT 11
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DUE TO AFFILIATE ORGANIZATIONS	96,389.	149,515.
LIABILITY UNDER SPLIT-INTEREST AGREEMENT	15,885.	14,975.
TOTAL TO FORM 990, PART IV, LINE 65	112,274.	164,490.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV	17,277.			17,277.
TO FORM 990, LINE 54A, COL B		17,277.			17,277.



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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 13  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
STEPHEN FRASER 111 CARRIAGE ROAD BARRINGTON, IL 60010	PRESIDENT/DIRECTOR 1.00	0.	0.	0.
DR. ALFORD OTTLEY 4917 CHICAGO AVE MINNEAPOLIS, MN 55417	SECRETARY/DIRECTOR 1.00	0.	0.	0.
SHINO JOHN 1 SOUTH BOULEVARD NYACK, NY 10960	DIRECTOR 1.00	0.	0.	0.
SARAH SIKKEMA 411 WEST RIVER RD. ELGIN, IL 60123	ASSISTANT TREASURER 40.00	58,900.	872.	0.
RONALD SMITH 411 WEST RIVER RD. ELGIN, IL 60123	TREASURER/CONTROLLER 40.00	51,250.	2,455.	0.
PAUL S. REGAN 411 WEST RIVER RD. ELGIN, IL 60123	EXECUTIVE VICE PRESIDENT/CFO 40.00	62,800.	104.	0.
DONALD BYKER 159 DAMON SHORE DRIVE ALTON, NJ 03809	VICE CHAIRMAN/DIRECTOR 1.00	0.	0.	0.
ROSE CORNELIOUS 163 WHITE CEDAR ROAD BARBOURSVILLE, VA 22923	DIRECTOR 1.00	0.	0.	0.
INGRID DAVIS 190 TACONIC ROAD GREENWICH, CT 06831	DIRECTOR 1.00	0.	0.	0.
REV. CATHERINE GILLIARD 4617 WENDOVER DRIVE STONE MOUNTAIN, GA 30083	DIRECTOR 1.00	0.	0.	0.
DIANNE CLARK 411 WEST RIVER RD. ELGIN, IL 60123	ASSISTANT SECRETARY 1.00	0.	0.	0.

INTERNATIONAL TEAMS36-6069820

SILAS SHADID  
142 N. ADDISON STREET  
BENSENVILLE, IL 60106

DIRECTOR  
1.00

0. 0. 0.

DAVID SCHROEDER  
411 WEST RIVER RD.  
ELGIN, IL 60123

PRESIDENT  
40.00

62,781. 1,048. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

235,731. 4,479. 0.

## SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 14

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

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
OTHER INVESTMENT INCOME	0.	0.	56,539.	166,708.
OTHER REVENUE	53,487.	100,980.	18,371.	841,812.
TOTAL TO SCHEDULE A, LINE 22	53,487.	100,980.	74,910.	1,008,520.

Form **4562**Department of the Treasury  
Internal Revenue Service

Name(s) shown on return

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No 1545-0172

**2007**Attachment  
Sequence No 67

Identifying number

**INTERNATIONAL TEAMS****FORM 990 PAGE 2****36-6069820****Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
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	

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	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

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)**

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year	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 2007	17	254,564.
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		

**Section B - Assets Placed in Service During 2007 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
19a 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	07 / 07	108,141.	39 yrs	MM	S/L	1,273.
	/			MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20a 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	
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 instr.	22	255,837.
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	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

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

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

**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ 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 allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use

25

**26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**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

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

**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.

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

**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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

**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 2007 tax year:

--	--	--	--	--	--

**43** Amortization of costs that began before your 2007 tax year

43

**44** Total. Add amounts in column (f). See the instructions for where to report

44

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

OMB No. 1545-1709

► 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.**

<b>Part I</b>	<b>Automatic 3-Month Extension of Time.</b> Only submit original (no copies needed)
---------------	---

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and 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) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization  <b>INTERNATIONAL TEAMS</b>	Employer identification number  <b>36-6069820</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>411 WEST RIVER RD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ELGIN, IL 60123-1570</b>	

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

## Internal Revenue Service

- |  |  |                                    |
|--|--|------------------------------------|
| <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 ► RONALD SMITH

Marion Grove, IL

Telephone No  847-429-0900

FAX No ➤

- 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 corporation required to file Form 990-T) extension of time until  
AUGUST 15, 2008, to file the exempt organization return for the organization named above. The extension  
is for the organization's return for.

calendar year 2007 or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any <u>nonrefundable credits</u> . See instructions.	<b>3a</b>	<b>\$</b>	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated <u>tax payments made</u> . Include any prior year overpayment allowed as a credit	<b>3b</b>	<b>\$</b>	
<b>c</b> <b>Balance Due.</b> 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			
	<b>3c</b>	<b>\$</b>	<b>N/A</b>

**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.

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

Form 8868 (Rev. 4-2008)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b> Type or print File by the extended due date for filing the return. See instructions.	<b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.	
	Name of Exempt Organization <b>INTERNATIONAL TEAMS</b>	Employer identification number <b>36-6069820</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>411 WEST RIVER RD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ELGIN, IL 60123-1570</b>	

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

- ☒ Form 990   
 ☐ Form 990-EZ   
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)   
 ☐ Form 1041-A   
 ☐ Form 5227   
 ☐ Form 8870  
☐ Form 990-BL   
☐ Form 990-PF   
☐ Form 990-T (trust other than above)   
☐ Form 4720   
☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **RONALD SMITH**  
Telephone No. **847-429-0900** FAX No. \_\_\_\_\_
- 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 is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008.**
- 5 For calendar year **2007**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

**INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN HAS NOT BEEN RECEIVED YET.**

8a 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.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c <b>Balance Due.</b> Subtract line 8b from line 8a. 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.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Martin J. Lachman** Title **CPA** Date **8/7/08**

Form 8868 (Rev. 4-2008)

Internal Revenue Service  
RECEIVED

AUG 14 2008

Morton Grove, IL