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#### • Form **990-EZ**

## **Short Form**

OMB No 1545-1150

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

25 Total assets	A	For t	the 2009 ca	<u>lendar</u> y	year, or tax year be	ginning		, 2009, and	l endi	ng			<u> </u>
New Note   New York	B	Check	of applicable.	1	C Name of organization	n					D Emp	loyer k	ientification number
Number and street (or PO Dos. framal is not delivered to street authorist)   Recenturable   Translation   Transl		Addre	ss change	Please use IRS	INTERNATION	AL LANGUAGE TE	ESTING A	SSOC			20	-55	58337
Section 301(xX) graphs   Section 301(xX) gra		Name	change	label or	Number and street (	or PO box, if mail is not de	livered to street a	ddress)	Room/s	urte	E Tele	phone i	number
Reminished with specific   Copy or them, state or country, and 2P + 4   A   35216   F   Group Exemption		Initial	return	type.	2/16 DRTMM 1	LANE					12	051	823-6106
*Section 501(xX) organizations and 4547(xY) nonexempt charitable trusts miss starts a completed Schedule A (From 590 or 590-E2).    Website: * www.iltaonline.com   Website: * www.iltaonline.com   Tare event tabus (refes only one)   X   501(c)   0   4547(xY) or   327   Tare event tabus (refes only one)   X   501(c)   0   4547(xY) or   327   Tare event tabus (refes only one)   X   501(c)   0   4547(xY) or   327   Tare event tabus (refes only one)   X   501(c)   0   4547(xY) or   327   X   5000. A From 590 EZ or From 590 returns is not required, but if the organization and its gross receipts are normally not more than \$25,000. A From 590 EZ or From 590 returns is not required, but if the organization chooses to file a return, be sure to file a complete return   120 contributions, grits, grants, and similar amounts received   1   1   1   1   1   1   1   1   1				Specific			·	l			-		
**Section 801(ck3) organizations and 4947(a)(7) nonexempt charitable trusts must affach a completed Schedule A (Form 990 or 990-E2).    Website: * www.iltaonline.com   Ta-ement status (desk on) web	$\vdash$			ltions.							F Gro	up Ex	emption
Website: * wrw.*iltacnline.com	لبا	Applic	cation pending		BIRMINGHAM			AL					
Website:   www.iltaonline.com			• Section n	501(c)(3 nust atta	3) organizations and ach a completed Sc	l 4947(a)(1) nonexemp hedule A (Form 990 o	ot charitable i r 990-EZ).	trusts	G	_		: <u>X</u>	Cash
Tax-exempt status (check only one)									H				
Table celeging trains (cases only only — [Mark 100,10]   137   1	ı								_				lule B (Form 990,
\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return instead of Form 990-EZ.    Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990   The contributions, grits, grants, and smilar amounts received   1	j	Tax-e						7					
Instead of Form 990-EZ  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)  1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c C Gain or (less) from sale of assets other than inventory b Less: cost or other basis and sales expenses c C Gain or (less) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Special events and attributes (complite applicable parts of Schedule 6), if any amount is from gaming, check here a Gross revenue (not including \$ 0, of contributions reported on line 1) b Less direct expenses other than fundraising expenses c let income or (less) from special events and activities (Subtract line 6b from line 6a) 7 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.  9 266, 218.  10 Grants and similar amounts pand (attach schedule) See. II—10 Stant. 10 11, 300. 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent. utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other supenses (describe > See Other Expenses Statement 17 Total expenses. Add lines 10 trough 16 18 Excess or (deficit) for the year (Subtract line 17 from line 2) 20 Other changes in net assets or fund balances at teprining of year (from line 27, columh-(A1)) (must agree with end-of-year figure reported on prior year's return) 2	K		ck ► ∐ if ,000. A For	the orga m 990-E	anization is not a se Z or Form 990 retu	ection 509(a)(3) suppo m is not required, but	rting organization of the	ation <b>and</b> it ation choos	s gros ses to	s receipts are file a return,	norma be sure	to file	t more than e a complete return
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part	L					mine gross receipts; if	\$500,000 or	more, file	Form	990			
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2   Program service revenue including government fees and contracts   3   Membership dues and assessments   3   11,140.	Pa	<u>ırt I</u>					ssets or F	und Bala	ance	s (See the	ınstru	ction	is for Part I.)
3 11,140. 4 Investment income 5a Gross amount from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory b Less: cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory (Subtract line 5 from line 5a) 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross revenue (not including \$ 0. of contributions reported on line 1) b Less direct expenses other than fundraising expenses c let income or (loss) from special events and activities (Subtract line 6 from line 6a) 7 a Gross sales of inventory (less returns and allowances   7a		1									.	1	
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16 Other expenses (describe See Other Expenses Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Gee the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe (Gescribe )) 25 Total assets 26 Total liabilities (describe ) 36 Other assets or fund balances (line 27 of column (B) must agree with line 21) 37 Other assets or fund balances (line 27 of column (B) must agree with line 21) 38 Excess or (deficit) for the year (Subtract line 17 from line 9) 39 OCDEN, UT 30 ODEN, UT 30 ODEN, UT 31 62 4,614. 4,614. 51 7 29,914. 52	X P	1	-		•			DEC	:FI\	/ED	;·· · -		12,000.
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16 Other expenses (describe See Other Expenses Statement 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Gee the instructions for Part II.) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe (Gescribe )) 25 Total assets 26 Total liabilities (describe ) 36 Other assets or fund balances (line 27 of column (B) must agree with line 21) 37 Other assets or fund balances (line 27 of column (B) must agree with line 21) 38 Excess or (deficit) for the year (Subtract line 17 from line 9) 39 OCDEN, UT 30 ODEN, UT 30 ODEN, UT 31 62 4,614. 4,614. 51 7 29,914. 52	Ş	1	-	-			.		•	180	<del>≬</del> . ⊦	$\overline{}$	
16		15					\8	SI SEP	07	2010 13	$A \vdash I_{c}$		
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  (C) End of year  (E) End of year  (		16						51 02.			4 1		
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  22 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.  (See the instructions for Part II.)  (A) Beginning of year  (B) End of year  (Cash, savings, and investments  (Cash, savings, and investm		+						<u> ا</u>			1 7		<del></del>
See the instructions for Part II.)   (A) Beginning of year   (B) End of year	<b>a</b> .	18	Excess of	or (defici	it) for the year (Subi	ract line 17 from line	9)	OG:	ロビ	<u>v,.u.</u>		18	<u>-3,696.</u>
Part	1.0 N S	19	Net asse	ts or fur	nd balances at begin	ining of year (from line	e 27, column	(A)) (must	agree	with end-of-y	ear	1	
Part	ΣË		figure rep	ported o	n prior year's return	)		, ,, ,			· ·-	19	66,081.
Part		20		-		· · · · · · · · · · · · · · · · · · ·	-				L		
Part	<u></u>			ts or fur	nd balances at end o	of year. Combine lines	18 through 2	20		·	<b>&gt;</b>	21	62,385.
22 Cash, savings, and investments       66,081. 22       62,385.         23 Land and buildings       0. 23       0.         24 Other assets (describe ►       )       0. 24       0.         25 Total assets       66,081. 25       62,385.         326 Total liabilities (describe ►       )       0. 26       0.         327 Net assets or fund balances (line 27 of column (B) must agree with line 21)       66,081. 27       62,385.	P	art II	i Bala	ance S	heets. If Total ass	ets on line 25, column	(B) are \$1,2	50,000 or r	nore,	file Form 990	ınstead	d of F	orm 990-EZ.
23       Land and buildings       0. 23       0.         24       Other assets (describe ►       )       0. 24       0.         25       Total assets       66,081. 25       62,385.         26       Total liabilities (describe ►       )       0. 26       0.         27       Net assets or fund balances (line 27 of column (B) must agree with line 21)       66,081. 27       62,385.	·		<u> </u>		(See the instru	ictions for Part II.)				(A) Beginning	of yea	r	(B) End of year
23 Land and buildings   0. 23   0.	77 2	2 Ca	ash, saving	s, and II	nvestments					66	,081.	22	62,385.
24 Other assets (describe ►       )       0. 24 0.         25 Total assets       .       66,081. 25 62,385.         26 Total liabilities (describe ►       )       0. 26 0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       66,081. 27 62,385.			_										
25 Total assets 66,081. 25 62,385.  26 Total liabilities (describe ► 0. 26 0.  27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 66,081. 27 62,385.	ND 24			_	be ►		)				0.		<del></del>
26 Total liabilities (describe ►       )       0. 26       0.         27 Net assets or fund balances (line 27 of column (B) must agree with line 21)       66,081. 27       62,385.	نگ <u>ک</u>			-	• •					66	,081.	25	62,385.
Net assets or fund balances (line 27 of column (B) must agree with line 21) . 66,081. 27 62,385.	~2				cribe ►		)						
		' Ne		-		column (B) must agre	e with line 21	<b>)</b> .		66	,081.	-	
BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2009)	BA	_										·	

Form-990-EZ (2009) INTERNATIONAL L	ANGUAGE TESTING AS	SOC	20	<u>-555</u>	8337 Page 2
Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ns.)		Expenses
What is the organization's primary exempt purpose? IM	PROVE LANGUAGE TES	TING THROUGHOUT	THE WORLD	501%	uired for section c)(3) and (4)
Describe what was achieved in carrying out the describe the services provided, the number of	organization's exempt purpo	ses. In a clear and cond	ise manner,	organ	nizations and section
describe the services provided, the number of program title	persons benefited, or other re	levant information for ea	acn	494/   for of	(a)(1) trusts; optional thers.)
28 STIMULATION OF PROFESSION	INT. CPOWTH VIA WOR	KSHODS AND THE	REASE		
			<u></u>		
PUBLIC UNDERSTANDING AND	_SUPPORT_OF_LANGUA	GE TESTING			
(Grants \$ 0.) If th	is amount includes foreign gra	ants, check here.	. •	28 a	25,300.
29				·	
(Grants \$ ) If th	is amount includes foreign gra	ants, check here	<u>.                                    </u>	29 a	
30	· · · · · · · · · · · · · · · · · · ·	<del> · · · · · · · · · · · · · · · · · ·</del>			
<b>30</b>					
	<del>-</del>				
(Grants \$ ) If th	is amount includes foreign gra	ante check bere	<b>-</b>	30 a	
31 Other program services (attach schedule		ants, check here		30 8	
		nnta abaak bara	□	31 a	
32 Total program service expenses (add in	is amount includes foreign gra	arits, theth here .		32	25,300.
		nlovoos Lutarahan			<del></del>
Part IV List of Officers, Directors					
(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla	os and	(e) Expense account and other allowances
(a) Name and address	to position	not paid, enter 41)	deferred compensa		and other anomanees
JAMES PURPURA					
180 BABRINI BLVD	PAST PRES				
NEW YORK NY 10033	10.00	0.		0.	o.
	10.00	0.		<u> </u>	<u> </u>
CAROLYN TURNER					
3700 MC TAVISH ST	PRES				_
MONTREAL, CA	20.00	0.		0.	0.
JOHN READ					
49 PEARY RD	VP				
AUCKLAND, NZ	10.00	0.		0.	0.
SARA WEIGLE	<u>-</u>				
PO BOX 4099	TREASURER				
ATLANTA GA 30302	20.00	0.		Ο.	o.
	20.00		<del></del>	<u> </u>	·
XI XIAOMING					
35 FEATHERBED CT	SECRETARY			_	
LAWRENCEVILLE NJ 08648	5.00	0.		<u>0.</u>	0.
BARBARA DOBSON					
500 E. WASHINGTON ST	MEMBER				
ANN ARBOR MI 48104	5.00	0.		0.	0.
YONG-WON LEE					
599 GWANAK	MEMBER				
SEOUL, KS	5.00	0.		0.	Q.
LIA PIAKANS		<u> </u>		<del></del> :	<del>-</del>
N274 LINQUIST	MEMBER				
	·I	_		^	_
	5.00	0.		0.	0.
NATHAN_CARR					
7269 MAGNOLIA PL	MEMBER				
FONTANA CA 92336	5.00	0.		0.	0.
		<u>                                     </u>			
			[		
	<u> </u>				

Part V

Other Information (Note the statement requirements in the instrs for Part V.)

Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 X each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes X 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, 35 a X reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 0 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 b b Did the organization file Form 1120-POL for this year? Х 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38 a X b If 'Yes,' complete Schedule L, Part II and enter the total 38 b amount involved ... Section 501(c)(7) organizations. Enter 39a a Initiation fees and capital contributions included on line 9 39b **b** Gross receipts, included on line 9, for public use of club facilities . . . . 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under. , section 4912 ► ; section 4955 > section 4911 > b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40 b c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . .. .. . . e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T 40 e 41 List the states with which a copy of this return is filed > 42 a The organization's PRIME MANAGEMENT SERVICES Telephone no. ► (205) 823-6106 books are in care of Located at ► 3416 PRIME LANE No 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)? 42 h X If 'Yes,' enter the name of the foreign country. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?... 42 c X If 'Yes,' enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ ... 44 X Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 45 TEEA0812 01/30/10 Form **990-EZ** (2009) Form.990-EZ (2009) INTERNATIONAL LANGUAGE TESTING ASSOC

	46-49b and complete the tables				Ye	s No
46 Didith for nu	ne organization engage in direct or indirect iblic office? If 'Yes,' complete Schedule C,	i political campaign activ Part I	rities on behalf of or	in opposition to candidates	46	X
	ne organization engage in lobbying activities				47	Х
	organization a school as described in sec			dule E	48	х
9a Did tr	ne organization make any transfers to an e	exempt non-charitable re	lated organization?	•	49a	X
b If 'Ye	s,' was the related organization a section 5	527 organization? .			. 49b	
6 Comp	plete this table for the organization's five his	ighest compensated emp ,000 of compensation fro	ployees (other than com the organization.	officers, directors, trustees a If there is none, enter 'None	and key e.'	
	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expension account a other allows	nd
f Total	number of other employees paid over \$10	0.000				
	plete this table for the organization's five hoensation from the organization. If there is	ighest compensated indi none, enter 'None.'	ependent contractors	who each received more th	nan \$100,000 (c) Compens	
51 Comp	olete this table for the organization's five helpersation from the organization. If there is	ighest compensated indi none, enter 'None.'	ependent contractors	<del></del>		
51 Comp	olete this table for the organization's five helpersation from the organization. If there is	ighest compensated indi none, enter 'None.'	ependent contractors	<del></del>		
51 Comp	olete this table for the organization's five helpersation from the organization. If there is	ighest compensated indi none, enter 'None.'	ependent contractors	<del></del>		
51 Comp	olete this table for the organization's five helpersation from the organization. If there is	ighest compensated indi none, enter 'None.'	ependent contractors	<del></del>		
51 Comp	olete this table for the organization's five helpersation from the organization. If there is	ighest compensated indi none, enter 'None.'	ependent contractors	<del></del>		
51 Comp	olete this table for the organization's five helpersation from the organization. If there is	actor paid more than \$100,000		<del></del>		
ONE	colete this table for the organization's five highersation from the organization. If there is	each receiving over \$10	0,000	(b) Type of service	(c) Campens	ation
ONE d Total	Diete this table for the organization's five horisation from the organization. If there is  (a) Name and address of each independent control  number of other independent contractors  Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (in Signature of officer	each receiving over \$100 inned this return, including according than officer) is based on a	0,000  mpanying schedules and st ill information of which preg	atements, and to the best of my knowarer has any knowledge	(c) Compens	ation
ONE  d Total	number of other independent contractors  Under penalties of perjury, I declare that I have example, correct, and complete. Declaration of preparer (contractors)	each receiving over \$100 inned this return, including according than officer) is based on a	0,000  mpanying schedules and st Il information of which prep	(b) Type of service  Atternents, and to the best of my known arer has any knowledge  Date	(c) Compens wiedge and belief	ation
SONE d Total	Diete this table for the organization's five horisation from the organization. If there is  (a) Name and address of each independent control  number of other independent contractors  Under penalties of perjury, I declare that I have examine, correct, and complete. Declaration of preparer (in Signature of officer  SARA CUSHING WE	each receiving over \$100 inned this return, including according than officer) is based on a	0,000  mpanying schedules and st ill information of which preg	aternents, and to the best of my knowarer has any knowledge  Date  Check if  Check if	(c) Compens	ation
Sign lere	number of other independent contractors  Under penalties of perjury, I declare that I have example true, correct, and complete. Declaration of preparer (contractors)  Signature of officer  Type or print name and trile  Preparer's signature  Firm's name (or Soseph J. Sepple)	each receiving over \$100 on a coordinate this return, including according than officer) is based on a coordinate than officer is based on a coordi	0,000 mpanying schedules and still information of which prepared in the second state of the second state o	atements, and to the best of my knowarer has any knowledge  Date  Check if Self-employed	wledge and behel	ation , it is
d Total	Diete this table for the organization's five horisation from the organization. If there is  (a) Name and address of each independent control  number of other independent contractors  Under penalties of perjury, I declare that I have examind true, correct, and complete. Declaration of preparer (in the signature of officer in the signature in the signat	each receiving over \$100 co, CPA Ave.	0,000 mpanying schedules and still information of which prepared in the second state of the second state o	atements, and to the best of my knowarer has any knowledge  Date  Check if Self-employed	(c) Compens wiedge and belief	ation , it is

### SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

2009

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

lame of the organization					Employer identifica	ition number
INTERNATIONAL LANGUAGE T	ESTING AS	SOC			20-555833	7
Part I Fundralsing Activities. Comp	lete if the organ	ization ans	wered 'Ye	s' to Form 990, Part IV,	line 17.	
1 Indicate whether the organization i	raised funds thro	ough any o	f the follow	ving activities. Check al	I that apply.	
Mail solicitations				Solicitation of non-g		
Internet and email solicitations				Solicitation of gover	-	
	•					
Phone solicitations				Special fundraising	events	
In-person solicitations						
2a Did the organization have written of employees listed in Form 990, Par	or oral agreeme t VII) or entity ii	nt with any n connection	individual on with pro	l (including officers, dire ofessional fundraising se	ectors, trustees or key ervices?	. Yes No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or enti ne organization.	ties (fundr	aisers) pur	rsuant to agreements ur		er is to be
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custoo	fundraiser ly or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
	<del>                                     </del>	Yes	No			
	<u> </u>					
		<b>†</b>				
		ļ				
	-	<del></del>		<u>,</u>	<u> </u>	
	<b>-</b>	<del> </del>				
		<u> </u>	<u> </u>			
Tolai			,, , <b>&gt;</b>			
<ol><li>List all states in which the organiz or licensing.</li></ol>	ation is register	ed or licen		cit funds or has been no	otified it is exempt from	registration
					. <b></b>	
		<b></b>				. <b></b>
						. <b></b>

Schedule G (Form 990 or 990-EZ) 2009 INTERNATIONAL LANGUAGE TESTING ASSOC 20-5558337 Part II | Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (d) Total Events (Add col. (a) through col. (c)) (a) Event #1 (b) Event #2 (c) Other Events CONFERENCE (event type) (total number) REVENUE (event type) 52,677 52,677. 1 Gross receipts 2 Less: Charitable contributions 0 0. 52,677. 52,677 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes DIRECT 12,580 12,580. 6 Rent/facility costs 7 Food and beverages 21,116 21,116. EXPENSES 8 Entertainment 4,710 9 Other direct expenses 4,710. 10 Direct expense summary Add lines 4- through 9 in column (d) 38,406. Net income summary. Combine lines 3, column (d) and line 10 14,271. Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col. (a) through col. (c)) (a) Bingo (b) Pull tabs/Instant (c) Other gaming REVENUE bingo/progressive bingo 1 Gross revenue DIRECT 2 Cash prizes . 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 용 6 Volunteer labor. No 7 Direct expense summary. Add lines 2 through 5 in column (d). 8 Net gaming income summary. Combine lines 1, column (d) and line 7 YES NO 9 Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If 'No,' explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If 'Yes,' explain:

administer charitable gaming?

Does the organization operate gaming activities with nonmembers?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

11

Schedule G (Form 990 or 990-EZ) 2009 INTERNATIONAL LANGUAGE TESTING ASSOC 20-55583	<u>37                                    </u>	P	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in:		1 1	
a The organization's facility			
b An outside facility	_		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ▶ PRIME MANAGEMENT SERVICES			
Address: - 3416 PRIMM LANE BIRMINGHAM, AL 35216			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		x
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$			Ì
c If 'Yes,' enter name and address of the third party:			Ì
Name: •			[
Address: ►			
16 Gaming manager information			
Name <sup>,</sup> >			
Gaming manager compensation > \$			
Description of services provided:			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
organization's own exempt activities during the tax year: - \$			
BAA TEEA3703 02/05/10 Schedule G (Form 9	90 or 9	90-EZ	200

1

If property other than cash was given, the following additional information needs to be provided:

Description of Property

CASH AWARD

Date of Gift ... 04/08/09

Book Value

O.

How Book Value Determined

How FMV Determined

N/A

N/A

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid
D

Cor	tir	nued
~~	1111	lucu

Grants and Simi	ilar A	Amounts Pald					
Purpose of Payr	nent	BEST PAPER PUB - WRI	TTEN PAPER				
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given			
N/A		Business . Person . X STERLING PLATA 1501 DLSU	NONE	-			
		MANILA PHIL		3,000.			
		r cash was given, the following additional in the CASH AWARD 05/31/09	nformation needs to be	provided:			
Book Value	N/2	How Book Value	Determined				
FMV		How FMV De	termined				
Purpose of Payr	nent		TTEN AWARD				
Class of Activi		Grantee's Name and Address	Grantee's Relationship	Amount Given			
N/A		Business X Person . AMERIOCAN UNIVERSITY CAIRO PO BOX 7	NONE	-			
		CAIRO EGYP 0000		3,000.			
	rope	n cash was given, the following additional in ty CASH AWARD 05/31/09	nformation needs to be	provided:			
Book Value	NT /	How Book Value	Determined				
FMV	N/	How FMV De	termined	· · · · · · · · · · · · · · · · · · ·			
Purpose of Payr			TEN AWARD				
Class of Activi	ity	Grantee's Name and Address	Grantee's Relationship	Amount Given			
N/A		Business . Person X TIM McNAMARA	NONE	_			
		UNIVERSITY OF MELBOURNE VICTORIA AUST		150.			
-		n cash was given, the following additional in rty CASH AWARD 08/11/09	nformation needs to be				
Book Value	N /		How Book Value Determined				
FMV 0.	N/	How FMV De	termined				

INTERNATIONA	L LA	NGUAGE TESTING ASSOC 20-55	58337	
Form 990-EZ, P Grants and Sim				Continu
Purpose of Payı	nent	BEST PAPER PUB - WRI	TTEN AWARD	
Class of Activ	ity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A		Business . Person X  CARSTEN ROEVER  UNIVERSITY OF MELBOURNE  VICTORIA AUST	NONE	150.
	rope	n cash was given, the following additional in the cash award . 08/11/09	nformation needs to be p	
Book Value	N/	How Book Value	Determined	
FMV 0.	N/	How FMV De	termined	
Purpose of Pay	' <u> </u>		RELATED TO DOCTO	RAL DEGREE
Class of Activ	ıty	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A		Business Person X  JIYOON LEE  2003 CHESTNUT ST  PHIADELPHIA PA 19103	NONE	750.
Description of F		n cash was given, the following additional in the cash was given, the cash was given and the cash was given as a cash	nformation needs to be p	provided:
Book Value	NI /	How Book Value	Determined	
0. N/A How FMV De			termined	
Purpose of Pay			DOCTORAL DEGREE	
Class of Activity		Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A		Business . Person X  ANJA ROEMHILD  1400 R STREET	NONE	750
		LINCOLN NE 68588		750.
	rope	n cash was given, the following additional in rty CASH AWARD 07/07/09	nformation needs to be p	provided:

20-5558337 INTERNATIONAL LANGUAGE TESTING ASSOC Continued Form 990-EZ, Part I, Line 10 **Grants and Similar Amounts Paid** Purpose of Payment ...... STUDENT TRAVEL TO DOCTORAL DEGREE Grantee's Amount Given Relationship Class of Activity Grantee's Name and Address Person . Х Business HONGWEN CAI NONE N/A HONG KON POLYTECH UNIV 500. KOWLOON If property other than cash was given, the following additional information needs to be provided: Description of Property CASH AWARD Date of Gift . 05/08/09 How Book Value Determined Book Value N/A Ο. FMV How FMV Determined 0. N/A STUDENT TRAVEL TO DOCTORAL DEGREE Purpose of Payment . .... Grantee's Class of Activity Grantee's Name and Address Relationship Amount Given X Business .... Person ... N/A YAO HILL NONE 1550 WILDER AVE. HONOLULU 500. HI 96822 If property other than cash was given, the following additional information needs to be provided: Description of Property CASH AWARD Date of Gift 05/08/09 Book Value How Book Value Determined N/A **FMV** How FMV Determined Purpose of Payment STUDENT TRAVEL TO DOCTORAL DEGREE Grantee's Class of Activity Grantee's Name and Address Relationship Amount Given Person x Business YI CHING PAN NONE N/A 38 CHUNG HSIAO ST WAN TAN HSIANG 500. TAIW If property other than cash was given, the following additional information needs to be provided:

If property other than cash was given, the following additional information needs to be provided:

Description of Property

CASH AWARD

Date of Gift

Book Value

O.

How Book Value Determined

N/A

How FMV Determined

N/A

Book Value

FMV

N/A

0. N/A

Form 990-EZ, P Grants and Sim				Continu
Purpose of Payr	ment	STUDENT TRAVEL TO DO	OCTORAL DEGREE	
Class of Activi	ity	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A		Business Person X  JIE ZHANG  GUANGDONG UNIVERSITY  CHIN	NONE	500.
Description of P		n cash was given, the following additional in the cash was given as a	nformation needs to be	provided:
Book Value 0.	N/	How Book Value	Determined	
FMV 0.	N/	How FMV De	termined	
Purpose of Payı	ment	STUDENT TRAVEL TO DO	OCTORAL DEGREE	
Class of Activ	ıty	Grantee's Name and Address	Grantee's Relationship	Amount Given
N/A		Business Person X  TALIA ISSACS  4870 COTE-DES-NEIGES  MONTREAL CAN	NONE	500.
		n cash was given, the following additional in erty CASH AWARD 05/08/09	I nformation needs to be	

How Book Value Determined

How FMV Determined