

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493131004282

# Form **990**

Department of the Treasury
Internal Revenue Service

#### **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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A Fort	he 2010	calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011		D Francis		
<b>B</b> Check	ıf applıcabl	e C Name of organization MANAGEMENT TECHNOLOGIES INTERNATIONAL		D Employ	yer ide	ntification number
Addre	ss change	INC		91-17	0326	3
┌ Name	change	Doing Business As		E Teleph	one nu	mber
┌ Inıtıal	return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	(770)	683-0	1808
Termi	nated	1635 Highway 34 East	recom, saice	(//0)	003-0	7808
	ded return	City or town, state or country, and ZIP + 4		<b>G</b> Gross re	eceipts	\$ 2,743,858
	ation pendir	Newnan, GA 30265				
ј Аррііс	ation pendir					
		F Name and address of principal officer CHAN KEI THONG	H(a) Is this	a group return fo	r affiliate:	Yes No
		1635 Hwy 34 E Suite B	H(b) Are all	l affiliates inclu	ıded?	Γ Yes <b>Γ</b> No
		Newnan, GA 30265	. ,			see instructions)
				ıp exemptio		
<u>т</u> тах-е	exempt state	us				
J Web	site: 🟲 w	www.ldichina.com				
<b>K</b> Form o	of organizati	on ▼ Corporation  Trust  Association  Other ►	L Year of fo	rmation 1995	5 M S	State of legal domicile NC
Part	I Su	mmary				
Activities & Governance	Faith-	describe the organization's mission or most significant activities based Education and Training To promote a culture of integrity to urban pr d, through character-centered education services	ofessionals	and their fa	milies	ın East Asıa, and
<u> </u>						
₹	Chack	this box দ if the organization discontinued its operations or disposed of	more than 3	E% of its n	ot acc	ots
<u>উ</u>		,	more than 2		3	g
ж И		er of voting members of the governing body (Part VI, line 1a)		$\vdash$	4	
₽		er of independent voting members of the governing body (Part VI, line 1b) number of individuals employed in calendar year 2010 (Part V, line 2a).		·	5	45
<u> </u>		number of volunteers (estimate if necessary)		-	6	35
-		unrelated business revenue from Part VIII, column (C), line 12		H	7a	
		related business taxable income from Form 990-T, line 34		F	7a 7b	
	<b>B</b> Net an	Transfer de la come mont offin 550 1, fine 54 1	Pric	r Year	<del>/5</del>	Current Year
	<b>8</b> Con	tributions and grants (Part VIII, line 1h)	FIIC	899,67	7 2	767,853
യ		ram service revenue (Part VIII, line 2g)		1,686,64		1,962,750
동		estment income (Part VIII, column (A), lines 3, 4, and 7d)		2,202		2,113
å   1		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,4!		7,935	
1		il revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		· · ·		
		<del> </del>		2,591,96	_	2,740,651
		nts and similar amounts paid (Part IX, column (A), lines 1-3)		356,19	94	661,512
		efits paid to or for members (Part IX, column (A), line 4)				0
8 1	L <b>5</b> Sala 10)	ries, other compensation, employee benefits (Part IX, column (A), lines 5-	1	1,449,15	52	1,517,433
ž	,	essional fundraising fees (Part IX, column (A), line 11e)				0
EX) enses		fundraising expenses (Part IX, column (D), line 25) 116,809			+	
_		er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,037,45	5.5	1,420,720
		expenses ( dreft), column (A), lines IIa IIId, III 241)		2,842,80	$\overline{}$	3,599,665
		enue less expenses Subtract line 18 from line 12		-250,83	_	-859,014
			Beginnin	g of Current	_	·
9 8 B				rear	$\bot$	End of Year
र्कु हुँ <mark>स्</mark> व		ll assets (Part X, line 16)		4,638,25	58	3,352,699
鱼舞士		Il liabilities (Part X, line 26)		923,15		496,606
		assets or fund balances Subtract line 21 from line 20		3,715,10	07	2,856,093
	enalties of lge and be	jnature Block perjury, I declare that I have examined this return, including accompanying sch lief, it is true, correct, and complete. Declaration of preparer (other than officer)				
	**	***	20	012-05-10		
Sign	Sig	nature of officer		ate		
Here		THY MURPHY ASST TREASURER				
	<u> </u>	pe or print name and title				
	Print/T	/pe Preparer's signature J DAVID MCCURDY CPA Dat	e	Check if self-		ΓΙΝ
Paid		CFP CFP CFP		employed 🕨	<u>'</u>	
Prepare	er	address • 2535 ROSEDALE ST			Fı	rm's EIN 🕨
Use On	ı <b>ly</b>   rımı's a	address • 2535 ROSEDALE SI				none no 🕨 (972) 591- 382

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . .

┌Yes ┌No

	(====)					- rage -
Par		nt of Program Servenhedule O contains a res				Г
1		he organization's mission		destion in this Fait III		• • • • • • • • • • • • • • • • • • • •
- Faith	-based Education a	and Training To promote		tegrity to urban professi	onals and their families in East	Asıa, and beyond,
tnrot	ign character-cente	ered education services				
2		on undertake any signific 0 or 990-EZ?			which were not listed on	Yes ✓ No
	If "Yes," describe	these new services on S	chedule O			
3	Did the organizati	on cease conducting, or	make sıgnıfıcaı	nt changes in how it con		Yes 🔽 No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3		tions and secti	on 4947(a)(1) trusts ar	argest program services by exp e required to report the amount ervice reported	
4a	(Code	) (Expenses \$	2,320,988	ıncludıng grants of \$	661,512 ) (Revenue \$	1,966,123 )
	language training pr experiential education	ograms in seven major cities ii on reached over 1,800 participa	n Asıa Outreach fo ants Faith-based	or intensive year-long faith-ba ousiness training reached ove	1,450 students from over 20 countries ased teacher training reached over 100 r 650 participants See Form 5471 for-profit organizations, serve the organizations.	) participants Faith-based entity (Sharp Thinking) that
4b	(Code	) (Expenses \$	293,658	ıncludıng grants of \$	) (Revenue \$	)
		zed and assisted over 55 teach ed initiatives in East Asia, and		d staff members who serve ।	n faith-based initiatives in East Asia, a	nd beyond, or who serve in
4c	(Code	) (Expenses \$		ıncludıng grants of \$	) (Revenue \$	)
	-					
4d		ervices (Describe in Sch				
	(Expenses \$	ınc	luding grants o	f \$	) (Revenue \$	)
4e	Total program se	ervice expenses►\$	2,614,64	. 6		

Part IV Checklist of Required Schedules
---

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🤨	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	•
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization 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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		.୮	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 26			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		103	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
4a	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)?	4a	Yes	
b	If "Yes," enter the name of the foreign country ►OC			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
E-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		NI ~
5a h	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			N o N o
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year   7d   0			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		Νo
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
9	Sponsoring organizations maintaining donor advised funds.			
_	Did the organization make any taxable distributions under section 4966?	9a		N o
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	against amounts due or received from them)	ļ		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year  Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		Νo
b	Enter the amount of reserves the organization is required to maintain by the states			
	In which the organization is licensed to issue qualified health plans  Enter the amount of recognics on hand			
С	Enter the amount of reserves on hand  13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νo

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O	contains a response to any question in this Part VI					. 🗸	ŗ.

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following		V	
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	venue deucij		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		N o
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			
10	(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. Another's website. Upon request.			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > CATHY MURPHY

1635 Highway 34 East Ste B Newnan,GA 30265 (770) 683-0808

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours	Posi t	tion ( that a	(che		II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) WILLIAM GOFF Director	1 00	х						0	0	0
(2) THOMAS WINKLER Director	1 00	х						0	0	0
(3) THOMAS JAMES BECK Chairman	1 00	х						0	0	0
(4) ROY SMITH Vice President	32 00			х				34,904	0	26,630
(5) RON HARRIS Director	1 00	х						0	0	0
(6) RANDY EBELING VP/SECRETARY	40 00			Х				50,372	0	3,130
(7) PETER REGEZ Vice President	32 00			х				24,768	0	0
(8) LAURIE DODEN Director	1 00	х						0	0	0
(9) JOHN CRAGIN Director	1 00	х						0	0	0
(10) JEONG IN SOO Director	1 00	х						0	0	0
(11) GREGG VOSSLER Vice President	32 00			х				26,506	0	28,998
(12) GRAHAME EDWARD HARRIS Director	1 00	х						0	0	0
(13) DAVID KURITAR Treasurer	32 00			х				10,445	22,551	8,552
(14) CHAN KEI THONG President	32 00	х		х				73,726	0	8,552
(15) CATHY MURPHY ASST TREASURER	40 00			х				65,242	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	<b>(A)</b> Name and Title	(B) A verage hours per	1	(tion that a					Repo compe	<b>D)</b> rtable nsation n the	(E) Reportable compensation from related		(F) Estima amount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organiz	ation (W- 9-MISC)	organizations (W- 2/1099- MISC)		from t organizati relat organiza	:he on and ed
												-		
												+		
1b	Sub-Total							<u> </u>						
C	Total from continuation sheets	to Part VII. Sec	tion A			•	· ·					+		
d	Total (add lines 1b and 1c) .							<b>⊨</b>		285,963	22,55	1 75		75,862
2	Total number of individuals (inc \$100,000 in reportable compe	-				ted	above	) who	receive	d more tha	an			
													Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> "Yes," complete So				ee, k	eye •	mploy •	ee, c	r highest • • •	compens	ated employee	3		No
4	For any individual listed on line organization and related organiz													
5	Did any person listed on line 1a services rendered to the organi										or individual for	5	Yes	No
		,	,					,					Tes	
_S∈ 1	ection B. Independent Cor  Complete this table for your five			ndon	a n d				that roo	awad mar	a than			
	\$100,000 of compensation from	n the organizatio		паер	enae	ent c	Jonitra	LOIS	· mar rec	erved mor				
	(A) (B) Name and business address Description of services										(C) Compensation			
												$\dashv$		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization **F**0

Form 9		· · · · · · · · · · · · · · · · · · ·					Pa	age <b>9</b>
Part \	/111	Statement of Reven	ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ه، که	12	Federated campaigns	1a					512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Membership dues	. 1b . 1c . 1d . 1e , and 1f	767,853				
	h	Total. Add lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	Business Code	767,853			
Program Serwce Revenue	b c d	Education/Support Service		611710	1,962,750	1,962,750		
Progra		All other program service re  Total. Add lines 2a-2f			1,962,750			
	4 5	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds	(II) Personal	1,753 0 0			1,75
	С	Less rental expenses Rental income or (loss) Net rental income or (loss)	▶	(II) O ther	0			
e	b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisi		360 360	360	360		
Other Revenue		\$ of contributions reported on See Part IV, line 18	а					
ō	С	Less direct expenses .  Net income or (loss) from full  Gross income from gaming a			0			
	b c 10a		ming activities	ь	0			
		Less cost of goods sold .  Net income or (loss) from sa  Miscellaneous Revenue		6,220 3,207 Business Code	3,013	3,013		
	b c			611710	4,922			4,92
		All other revenue  Total. Add lines 11a-11d	· · · · · · · •		4,922			
	12	Total revenue. See Instructi	ons		2,740,651	1,966,123		6,67

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Α	Section 501(c)(3) and 501(c)(4) organizations mus Il other organizations must complete column (A) but are not required to c	-		(D).	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	635,263	635,263		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	26,249	26,249		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	224,033	83,606	122,071	18,356
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	63,384	60,215		3,169
7	Other salaries and wages	1,058,293	701,638	323,015	33,640
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	77,518	53,907	21,204	2,407
10	Payroll taxes	94,205	59,302	31,116	3,787
а	Fees for services (non-employees) Management	0			
Ь	Legal	49,058		49,058	
c	Accounting	12,107		12,107	
d	Lobbying	0			
е	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	161,517	101,675	53,349	6,493
12	Advertising and promotion	22,671	14,374	362	7,935
13	Office expenses	76,275	27,974	44,928	3,373
14	Information technology	26,066	16,409	8,609	1,048
15	Royalties	0			
16	Occupancy	249,133	153,446	86,168	9,519
17	Travel	218,225	185,491	15,276	17,458
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	53,602	33,742	17,705	2,155
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	73,998	46,582	24,441	2,975
23	Insurance	21,493		21,493	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Staff Development/Training	81,322	51,192	26,861	3,269
b	Program Supplies	103,721	103,721		
c	Other Miscellaneous	31,556	19,884	10,447	1,225
d	O rientation/T raining	132,995	132,995		
е	Foreign Taxes	106,981	106,981		
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	3,599,665	2,614,646	868,210	116,809
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet (A) (B) Beginning of year End of year 82.523 1 66,990 1.758.640 2 678.367 2 Savings and temporary cash investments . . . . . . 0 3 3 22.087 4 28,765 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 Schedule L . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 0 7 8 17,138 13,931 Prepaid expenses and deferred charges . . . . 67,314 31,763 10a Land, buildings, and equipment cost or other basis Complete 453,170 10a Part VI of Schedule D 239.300 ь Less accumulated depreciation . . . . . 10b 127.211 10c 213.870 0 11 11 0 12 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 2,563,345 2.319,010 13 13 Investments—program-related See Part IV, line 11 . . 14 0 14 15 3 15 16 4,638,258 16 3,352,699 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 171.105 17 190.039 17 Accounts payable and accrued expenses . 18 18 19 19 20 Tax-exempt bond liabilities . . . . . . . . . . . . 20 Liabilities 21 21 Escrow or custodial account liability  $Complete\ Part\ IV\ of\ Schedule\ D$  . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 752.046 25 306.567 Other liabilities Complete Part X of Schedule D . . . . . 26 923.151 26 496,606 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 3.036.569 2,446,608 Temporarily restricted net assets . . . . . 678,538 409,485 28 28 Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 3,715,107 33 2,856,093 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 4.638.258 3,352,699

Ра	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,7	740,65
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3		- 8	359,01
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3,7	715,10
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,8	356,09
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		•	୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O	.	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		Νo

**Employer identification number** 

91-1703263

#### 0MBN: 1545.004

#### OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

MANAGEMENT TECHNOLOGIES INTERNATIONAL

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

2010

Open to Public Inspection

	rt I			blic Charity Stat						structions	
he c	organiz	zation is	not a privat	e foundation becaus	eıtıs (Forlı	nes 1 throug	gh 11, check	only one box	× )		
1	Γ	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	<u>~</u>	A schoo	ol described	ın <b>section 170(b)(1</b>	<b>)(A)(ii).</b> (Att	ach Schedu:	le E)				
3	Γ	A hospi	tal or a coo	perative hospital ser	vice organiza	atıon descrıl	bed in <b>sectio</b> i	n 170(b)(1)(	A)(iii).		
4	Γ			n organization operat ty, and state	ed in conjund	ction with a l	hospital desc	rıbed ın <b>sect</b>	ion 170(b)(1	.)( <b>A)(iii).</b> Er	nter the
5	Γ	An orga	ınızatıon ope	erated for the benefit	of a college	or universit	y owned or op	perated by a	governmenta	al unit descr	ribed in
		section	170(b)(1)(	<b>A)(iv).</b> (Complete Pa	art II )						
6	Γ	A feder	al, state, or	local government or	governmenta	al unit descr	ıbed ın <b>sectio</b>	on 170(b)(1)	(A)(v).		
7	Γ	describ	ed in	at normally receives  A)(vi) (Complete Pa		l part of its s	support from	a governmer	ital unit or fro	om the gene	ral public
8	Γ	A comm	nunity trust	described in <b>section</b>	170(b)(1)(A	<b>(Vi)</b> (Com	plete Part II	)			
9	Γ	An orga	ınızatıon tha	at normally receives	(1) more tha	an 331/3% o	f its support	from contrib	utions, meml	ership fees	, and gross
		receipts	from activ	ities related to its ex	empt functio	ns—subject	to certain ex	ceptions, ar	nd (2) no mor	e than 331/3	3% of
		ıts supp	ort from gro	oss investment incor	me and unrela	ated busines	ss taxable ind	ome (less s	ection 511 t	ax) from bus	sinesses
		acquire	d by the org	anızatıon after June	30,1975 S	ee <b>section 5</b>	<b>09(a)(2).</b> (Co	omplete Part	III )		
10	Γ	An orga	ınızatıon org	janized and operated	exclusively	to test for p	ublic safety	See <b>section</b> 5	509(a)(4).		
11	Г -	one or r the box <b>a</b>	more publicl that descri Type I	panized and operated y supported organiza bes the type of support <b>b</b> Type II	ations descri orting organi [ <b>c</b>	bed in section zation and control Type III	on 509(a)(1) omplete lines - Functionall	or section 5 s 11e throug y integrated	09(a)(2) Se h 11h <b>d</b>	e <b>section 50</b>	<b>19(a)(3).</b> Check
e f g	ı	other the section If the or check to Since A followin	ian foundation 509(a)(2) rganization his box ugust 17, 2 g persons?	ox, I certify that the con managers and other received a written de common that the common tha	etermination	or more publ from the IRS ted any gift	icly supporte that it is a Torcontribution	ed organization	ons describe II or Type II	d ın section	509(a)(1) or
		and (III)	below, the	governing body of the	e the support	ted organiza	tion?			11g(	i)
		(ii) a fa	mily membe	er of a person describ	oed in (i) abo	ve?				<b>11</b> g(i	ii)
		(iii) a 3	5% control	led entity of a persor	n described ii	n (ı) or (ıı) al	bove?			11g(i	iii)
h		Provide	the followin	ng information about	the supporte	d organizati	on(s)				
(i) Name of supported organization		of (ii) (described on col (i) listed in red EIN lines 1-9 above your governing		(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support			
				instructions))	Yes	No	Yes	No	Yes	No	

Total

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

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

	dider rate III. If the	organización i	ans to quanty t	maci die tests	iisted below, pie	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV )						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and <b>stop here</b>	_	r		•	. , . , -	<b>▶</b> ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (	f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							<del> </del>
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, chec	
	and <b>stop here.</b> The organization qua	•				2.2.4.204	<b>▶</b> [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. <del>-</del>
17-	box and <b>stop here.</b> The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
<b>L</b>	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	LIY ▶
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b c Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	
S	ection D. Computation of Investment Income Percentage		
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18	

19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493131004282

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization

	NT TECHNOLOGIES INTERNATIONAL				. Zooos		ibei	
	Ouzanizatione Maintainine Dancy A	duined Funda on Othe	Cimaila Fu		1703263	- Comp	laka	- Lba
Part I	Organizations Maintaining Donor Adorganization answered "Yes" to Form 99		er Similar Fu	inas	or Account	: <b>s.</b> Comp	iete	T TH
	organization answered res to rorm 55	(a) Donor advised	I funds		<b>b)</b> Funds and	other acc	ounts	
Total	number at end of year	(4) 2 0 110 1 4 110 1						
	egate contributions to (during year)							
	gate grants from (during year)							
	gate value at end of year							
	he organization inform all donors and donor advi are the organization's property, subject to the			or advi	sed	☐ Yes	· 「	- No
used	ne organization inform all grantees, donors, and only for charitable purposes and not for the ben	<del>-</del>	-			☐ Yes	. г	- No
	rring impermissible private benefit	C. U			- 000 P			
art II	•			Forn	1 990, Part .	ıv, iine 7		
☐ F ☐ F Comp	ose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Olete lines 2a-2d if the organization held a qual	on or pleasure)  Pre	servation of an servation of a c	ertifie	d historic stru		rea	
easer	ment on the last day of the tax year		Г					
			-		Held at th	e End of t	he Ye	ar
	number of conservation easements		-	2a				
Total	acreage restricted by conservation easements			2b				
Numb	per of conservation easements on a certified his	toric structure included in	(a)	2c				
I Numb	per of conservation easements included in (c) a	cquired after 8/17/06		2d				
Numb	per of conservation easements modified, transfe	rred, released, extinguishe	ed, or terminate	d by th	e organizatio	n during		
the ta	axable year 🗠							
			_					
	per of states where property subject to conserva							
	the organization have a written policy regarding cement of the conservation easements it holds?		nspection, hand	ling of	violations, ar	nd ┌ Yes	;	No
Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing cons	ervation easem	ents d	uring the year	<b>*</b>		
A mou	unt of expenses incurred in monitoring, inspecti	ng, and enforcing conserva	tıon easements	durıng	, the year 🟲 \$			
	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requi	rements of sect	tion		☐ Yes	; <u> </u>	- No
balan	rt XIV, describe how the organization reports co ce sheet, and include, if applicable, the text of t rganization's accounting for conservation easer	he footnote to the organiza						
art III	Organizations Maintaining Collection Complete if the organization answered			or Otl	ner Similaı	Assets	•	
art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fir	for public exhibition, educa	atıon or researc	h ın fu				
histo	organization elected, as permitted under SFAS rical treasures, or other similar assets held for de the following amounts relating to these items	public exhibition, education						
(i) <sub>Re</sub>	evenues included in Form 990, Part VIII, line 1				<b>►</b> \$			
(ii) <sub>A</sub>	ssets included in Form 990, Part X				<b>►</b> \$			
	organization received or held works of art, hist ring amounts required to be reported under SFA			r finan	cıal gaın, prov	ıde the		

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tre</u>	easu	res, or Otl	<u>her</u>	Similar As	sets	(con	tınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are	a significan	tuse	e of its collec	tion		
а	Public exhibition		d	Γ	Loan o	rexch	ange progra	ms				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y further	the o	rganızatıon's	exe	mpt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							sımıl	ar	ΓYe	s [	– No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	"Ye:	s" to Form 9	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	ediary	for c	ontribut	ions o	r other asset	ts no	ot	┌ Ye	s [	_ <sub>No</sub>
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able				1A	nount		
с	Beginning balance						1	c				
d	Additions during the year						1	-				
e	Distributions during the year						1	_				
f	Ending balance						1					
2a	Did the organization include an amount on Fo	orm 990 Part V lin	ر 2010 م					-		 ┌ Ye	<u> </u>	_ <sub>No</sub>
			~ Z I '							, 16	9	110
	rt V Endowment Funds. Complete		n ans	Wer	ad "Vac	" to F	orm gan d	)art	TV line 10			
ra	Endowment I ands. Complete	(a)Current Year		Prior `					ree Years Back	<b>(e)</b> Fo	ur Yea	rs Back
1a	Beginning of year balance	, ,										
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as									
а	Board designated or quasi-endowment											
ь	Permanent endowment											
С	Term endowment -											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held	and ac	dministered 1	for th	ne			
	organization by	3								Y	es	No
	(i) unrelated organizations								3a			
	(ii) related organizations								3a			
	If "Yes" to 3a(II), are the related organizatio	•						•	3	b		
4	Describe in Part XIV the intended uses of th					νΛ D=	why lung 1	^				
Раг	t VI Investments—Land, Buildings	s, and Equipme	nt. 5							. T		
	Description of investment				n) Cost or sis (invest		( <b>b)</b> Cost or oth basis (other		(c) Accumulate depreciation	d (c	d) Boo	k value
1a	Land		•					$\perp$				
	Buildings			1			I					
b	bullulitys							- 1				
	Leasehold improvements						103,2	230	9,6	33		93,597
c	•	· · · · · · ·					103,2 145,8	-	9,6 103,9	_		93,597 41,926
c d e	Leasehold improvements	· · · · · · · · · · · · · · · · · · ·	· ·					326	<u> </u>	000		

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	e Form 990, Part X, line	
(a) Description of investment type	( <b>b)</b> Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end of year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	_//	
Part IX Other Assets. See Form 990, Part X, III		T
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part >		
Part X Other Liabilities. See Form 990, Part X	, line 25.	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	(b) A mount	

'ali	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts
L	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
	Excess or (deficit) for the year Subtract line 2 from line 1	3
	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
,	Investment expenses	6
	Prior period adjustments	7
3		8
	Other (Describe in Part XIV)	
•	Total adjustments (net) Add lines 4 - 8	9
)	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	Reconciliation of Revenue per Audited Financial Statements With Revenue	
	Total revenue, gains, and other support per audited financial statements	1
	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
Ь	Donated services and use of facilities	-
C	Recoveries of prior year grants	
d	Other (Describe in Part XIV)	_
e	Add lines 2a through 2d	2e
	Subtract line <b>2e</b> from line <b>1</b>	3
	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV)	
C	Add lines <b>4a</b> and <b>4b</b>	4c
	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	s per Return
	Total expenses and losses per audited financial statements	1 1
	Amounts included on line 1 but not on Form 990, Part IX, line 25	-
а	Donated services and use of facilities	
b b	Prior year adjustments	-
c	Other losses	-
d	Other (Describe in Part XIV)	1
e	Add lines 2a through 2d	_    2e
	Subtract line 2e from line 1	3
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
	Investment expenses not included on Form 990, Part VIII, line 7b   4a	
a L	· · · · · · · · · · · · · · · · · · ·	-
b	,	- I
С	Add lines 4a and 4b	4c
	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5

Identifier Return Reference Explanation

additional information

#### OMB No 1545-0047

2010

2010

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ.

Schools

Inspection

Name of the organization **Employer identification number** MANAGEMENT TECHNOLOGIES INTERNATIONAL 91-1703263 Part I YES NO 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? 1 Yes 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? Yes 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 use Part II Νo Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6а Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 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," explain on Part II

7

Yes

#### Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		The organization operates six international schools in the People's Republic of China. Under China law, all students must be holders of foreign passports, which means the students must be selected based on nationality. However, within the foreign community, students are accepted regardless of race, color and national origin. The student body is composed of persons from over 20 nations with a wide range of races, colors, and national and ethnic origins. We have a corporate non-discrimination policy by resolution of our governing boards, and we include the required non-discrimination notice on our wiebsites, brochures and other materials concerning criteria for admission and scholarships. In light of the fact that our schools recruit only from the international community, it is not feasible for us to use print or broadcast media to solicit students or to publicize our admissions policies. However, our records reflect wide racial diversity in our student bodies.

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131004282

OMB No 1545-0047

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

**Statement of Activities Outside the United States** 

Open to Public **Inspection** 

Name of the organization	Employer identification number
MANAGEMENT TECHNOLOGIES INTERNATIONAL	
INC	91-1703263

C	TERMATIONAL			91-1703263	
<b>General Informatio</b> "Yes" to Form 990, Pa			<b>he United States.</b> C	omplete if the organiz	ation answered
For grantmakers. Does the	organızatıon n	naıntaın record	is to substantiate the	amount of the grants o	or
assistance, the grantees' eli	gibility for the	grants or assi	stance, and the selecti	on criteria used to awa	ard
the grants or assistance? .					✓ Yes
<b>For grant makers.</b> Describe in Pa United States	art V the organiz	ation's procedu	res for monitoring the use	e of grant funds outside th	ne
Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
<b>(a)</b> Region	<b>(b)</b> Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	<b>(f)</b> Total expenditures for region/investments in region
EAST ASIA AND THE PACIFIC	2	20	PROGRAM INVESTMENTS	Education & Training	1,996,09
Middle East and North Africa	1	26	Program Services	Education & Training	643,00
East Asia and the Pacific	0	2	Grantmakıng	Education & Training	26,00
East Asia and the Pacific	2	20	Program Services	Education & Training	480,00
-					
-					
3a Sub-total b Total from continuation sheets	5	68			3,145,09
to Part I	<u> </u>	- 60	<del> </del>		2 145 00

68

c Totals (add lines 3a and 3b)

3,145,092

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia & Pac	Faith Based Education	26,249	Charge against funds on deposit at a financial institution			
			sted above that are ree		ties by the foreign co			1

Part III	Grants and Ot	her Assistance to	Individuals	Outside the Unit	ed States. Complete i	f the organization a	nswered "Yes" to Form !	990, Part IV, line 16.
	Use Part V if add	ditional space is ne	eded.		·			

(a) Type of grant or assistance	( <b>b)</b> Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash	(g) Description of non-cash	(h) Method of valuation
					assistance	assistance	(book, FMV, appraisal, other)
			<u> </u>			1	
			<u>.                                    </u>		!		
			<u>.                                    </u>				
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			<u> </u>		!		
			1		!		
			1		,		

#### Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Г	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	Г	Yes	[~	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	<u> </u>	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	<b>▽</b>	Yes	Г	Νo

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010

Page **5** 

Part V Supplemental Information
Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

ldentifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used in Foreign Country		The Organization monitors the use of granted funds through on-site visits (which are conducted with every grant recipient), required financial reports, noting accomplishments, and the requirement that each recipient undergo a financial audit. The Organization requires all grant recipients to agree to, and sign, a detailed grant agreement, prior to granting funds. Potential grant recipients, and their representatives, must establish a commitment to integrity and morality before any funds will be granted. The Organization typically provides oversight, via the executive leadership team, to any grant recipient, as a way to encourage and foster effective use of funds and to assist in developing leaders in the Faith-Based Education arena.

ldentifier	Return Reference	Explanation
Additional Supplemental Information		Please see Form 5471 for information on Sharp Thinking, a wholly owned entity that directly carries out a significant portion of the exempt purposes of the organization, using funding and support provided by the organization Schedule F, Part IV, Line 5 The organization does not have a current filing requirement for 8865 Please see Form 5471 for dislosure of Shenyang Brave English Language Training Center, in which Sharp Thinking, a wholly owned entity, has a 50% Joint Venture interest

Schedule F (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

**Grants and Other Assistance to Organizations,** Governments and Individuals in the United States

Complete if the organization answered "Yes." to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493131004282

Open to Public **Inspection** 

Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization Employer identification number MANAGEMENT TECHNOLOGIES INTERNATIONAL 91-1703263 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be 1 (a) Name and address of **(b)** EIN (c) IRC Code section (d) A mount of cash (a) Description of (e) A mount of non-(f) Method of (h) Purpose of grant organization ıf applıcable valuation non-cash assistance or assistance grant cash (book, FMV, appraisal, or government assistance other) (1) Team Expansion4112 31-1043937 39,570 Faith-Based Old Routt Road Education Louisville, KY 40299 109,693 (2) Kumveka2330 Buford 27-0199785 Faith-Based Road Ste 201 Education Richmond, VA 23235 75-3130029 450,000 (3) International Schools Faith-Based Consortium1635 Highway Education 34 E Ste B Newnan, GA 30265 (4) ChristarBox 14866 22-1717576 36,000 Faith-Based Reading, PA 19612 Education

Part III	Grants and Other Assistance to Individuals in the United States. $ extstyle  extstyle$	Complete if the organization	answered "Yes" to Fo	rm 990, Part IV, line	e 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
Grantmaker's Description		The Organization monitors the use of granted funds through required financial reports, noting accomplishments, and the
of How Grants are Used		requirement that each recipient undergo a financial audit or review

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493131004282

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization MANAGEMENT TECHNOLOGIES INTERNATIONAL **Employer identification number** 

91-1703263

Pai	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Tax idemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
ь	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III	_		ļ ,.
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation  (i) Base (ii) Bonus & (iii) Other			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		compensation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
(1) PETER REGEZ	(ı) (ıı)	24,768					24,768	
(2) GREGG VOSSLER	(ı) (ıı)	26,506				28,998	55,504	
(3) CHAN KEI THONG	(ı) (ıı)	73,726				8,552	82,278	
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								
		·		1	1	l .		

Schedule J (Form 990) 2010 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier Return Reference Explanation

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493131004282

l Do Not i Roces

Schedule L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### **Transactions with Interested Persons**

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38a or 40b.

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

2010

Open to Public Inspection

Name of the organization  MANAGEMENT TECHNOLOGIES INTERNATIONAL INC							Employer identification number					
Part I	Excess Benefit Trai							organ		only).	lino 40h	
					111 990, 1	rait IV, illie 25a i	01 250,	JI FUIIII	990-62,	rait v,		orrected
1	(a) Name of disqualified person				(b) Description of transaction					Yes		
											100	110
sec 3 Ent	ter the amount of tax imposetion 4958	, on lin	 e 2, abo	ve, reimburs	• • sed by th				•	r * \$ * \$		
Part I	Loans to and/or I Complete if the organi					D, Part IV, line 26	, or Fori	n 990-	EZ, Part V	', line 38	3 a	
(a) Nam	ne of interested person and purpose	(b) Loan to		(c)O rig principal a	jinal	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
		То	From				Yes	No	Yes	No	Yes	No
Total .					<b>▶</b> \$							
Part II	I Grants or Assista	nce B	enefitt	ting Inter	ested		l line i	. 7				
	Complete if the orga (a) Name of interested pers			<b>b)</b> Relationsh	nıp betw	een interested per ganization			nount of g	rant or t	ype of ass	stance
						<u> </u>						

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
	organization			Yes	No
(1) Wellspring Mgmt Services	Officer Employed	286,791	Expense Reimbursement		Νο
(2) Nancy Vossler	Family-Officer	16,733	Wages		Νο
(3) Kımberly Smith	Family-Officer	12,608	Wages		Νο
(4) Patrick Smith	Family-Officer	12,608	Wages		Νο
(5) Gerı Smıth	Family-Officer	19,243	Wages		Νo

#### **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Part IV, Line 5 Officer Roy Smith serves as Managing Director for Wellspring Management Services Company (WMS), an unrelated foreign entity in the "Middle East and North Africa" region, whose mission is to provide faith-based education and training services Officer Smith has no ownership interest in WMS WMS paid for program related expenses on behalf of the reporting organization, and was reimbursed for such expenses

Schedule L (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS

status to WOFEs

As Filed Data -

DLN: 93493131004282

**Employer identification number** 

91-1703263

**SCHEDULE 0** 

(Form 990 or 990-EZ)

Name of the organization

MANAGEMENT TECHNOLOGIES INTERNATIONAL

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010

Open to Public Inspection

Identifier	ntifier Return Explanation Reference				
	Form 990, Schedule D, Part VIII, Line 1	Investments are reported at cost basis. Sharp Thinking International Management Consulting (Qingdao) Co, Ltd was established by MTI in the form of a Wholly Ow ned Foreign Enterprise (WOFE) in China in order to carry out some of its program activities in China, including educational training activities. Under Chinese law, the WOFE form is the only legal form available to MTI to operate a directly controlled legal entity in China. Activity is reported on Form 5471 and related schedules. This WOFE is operated solely to achieve the exempt purposes of MTI and is subject to the same restrictions on uses of funds applicable to MTI as an exempt organization in the LLS.			

How ever, the WOFE is subject to income and other taxes under Chinese law, which does not provide tax exempt

ldentifier	Return Reference	Explanation
	Form 990, Part VIII, Line 10c	The inventory sold consisted of a single book entitled "Faith of Our Fathers" which is a non-fictional book describing the history and role of faith in ancient Chinese leadership, the book is used to further the character-based educational purpose of the organization

ldentifier	Return Reference	Explanation
	FORM 990, PART VII, COLUMN B - HOURS TO RELATED ORGANIZATION(S)	OFFICERS THONG, SMITH, VOSSLER, EBELING, REGEZ, MURPHY AND KURITAR EACHRENDERED/CONTRIBUTED 8 HOURS PER WEEK, ON AVERAGE, TO LDI Foundation, INC, and International Schools Consortium, Inc, related PUBLIC CHARITies DISCLOSED ON SCHEDULE R Some Officers also render/contribute hours to Sharp Thinking (see Form 5471) DIRECTORS G HARRIS, BECK, R HARRIS, DODEN, JEONG, WINKLER, CRAGIN AND GOFF EACHCONTRIBUTED 1 HOUR PER WEEK, ON AVERAGE, TO RELATED ORGANIZATIONS

Identifier	Return Reference	Explanation			
	Form 990, Part V, Lines 1c, 7g & 7h	Line 1c The Organization does not sponsor gaming and issued no Forms W-2G Line 7g The Organization did not receive any qualified intellectual property Line 7h. The Organization did not receive any cars, boats, airplanes or other vehicles			

ldentifier	Return Reference	Explanation
	Form 990, Part IV, Line 12 - Audit	The Organization receives an annual audit performed by independent auditors using International Auditing Standards (IAS) and according to International Financial Reporting Standards (IFRS). The IFRS are used due to the material amount of activity conducted outside of the United States, specifically in Asia. FAS 117 is followed by the organization in preparing the financial statements. Of note, \$172,000 of donated services were booked in the audited financial statements, but have been excluded in this Form 990, in accordance with relevant instructions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19		Disclosure of governing documents, policies and financial statements is made to interested parties upon written request to our offices

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Annually, the board evaluates salary surveys and comparability data from independent industry sources for officers and key employees (defined according to the revised definition found in the instructions to Form 990 and related schedules), if any, when approving budgets and records in the minutes the evaluation and approval of compensation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Annual Conflict of Interest Report. The Audit Committee of the Board performs an annual survey of potential conflicts of interest and related party transactions by requiring that each board member, officer, and senior manager (key employee) complete an Annual Conflict of Interest Questionnaire disclosing such facts. These reports are review ed by the Audit Committee and, as appropriate, by legal counsel, auditors, or another independent person 2. Further Duty to Disclose. Additionally, a board member, officer, or senior manager should inform a more senior member of management and/or the Chair of the Audit Committee if they become aw are that a proposed transaction or other matter may be a related party transaction or involve an actual or potential conflict of interest Such disclosure is not necessary if the matter was previously disclosed or if it is obvious and therefore known to the Board. 3. Duty to Abstain from Decision Making. A person with an actual or potential conflict of interest Shall not participate in a decision about a transaction, and no member of the Board of Directors shall vote on a transaction in which he or she has a direct or indirect interest. 4. Opportunity to Present. The interested person shall be given the opportunity to disclose all material facts concerning a potential conflict of interest and the transaction to disinterested Board or management members and to respond to their questions or concerns. 5 Evaluation of the Conflict. The Board (or a subcommittee of the Board) or a disinterested member of management will first evaluate the situation to determine whether there is an actual conflict of interest and whether it is "material" (A conflict of interest is "material" if it might affect, or might reasonably be thought by others to affect, the judgment or conduct of the interested party.) If so, a further evaluation of the Transaction will occur 6. Evaluation of the Transaction. Transactions with interested directors, officiers, or members of senior management are permitted if they ar

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	A copy of the Form 990 and related schedules is provided to the board's audit committee for review, dissemination to the full board, and approval prior to filing. Management is familiar with the Form 990 and review's numerical and non-numerical portions of the form for accuracy using the audited financial statements and other documentation maintained by the organization. For board review, the relevant board members compare the report with the audited financial statements and after review, the audit committee chair provides written approval to Assistant Treasurer for filing.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	Officers Smith and Vossler both render services to Wellspring Management Services Company (WMS), an unrelated foreign entity in the "Middle East and North Africa" region Officer Smith serves as Managing Director for WMS and Officer Vossler renders services to WMS as an employee The mission of WMS is to provide faith-based education and training services

ldentifier	Return Reference	Explanation			
		Client Note 1 - Form 5471, Page 4, Schedule G, Line 1 Sharp Thinking has a 50% interest in the Shenyang Brave English Language Training Center, a Chinese Cooperative Venture located in Shenyang, China No assets have been contributed to the partnership by the filing organization, however, language training is contributed by seconded English speaking staff. The venture is participated in and operated solely to achieve the exempt purposes of MTI and is subject to the same restrictions on uses of funds applicable to MTI as an exempt organization in the U.S. The venture is subject to income and other taxes under Chinese law, which does not provide tax exempt status to cooperative ventures.			

DLN: 93493131004282

2010

OMB No 1545-0047

Open to Public Inspection

# SCHEDULE R (Form 990)

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization
MANAGEMENT TECHNOLOGIES INTERNATIONAL
INC

Employer identification number
91-1703263

Part I Identification of Disregarded Entities (Com	plete if the organization	on answered "Yes	" on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (stat or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during		f the organization	n answered "Yes" (	on Form 990, Part	I : IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity		<b>g)</b> 12(b)(13 rolled ization
						Yes	No
(1) INTERNATIONAL SCHOOLS CONSORTIUM INC  1635 HIGHWAY 34 EAST SUITE B  NEWNAN, GA 30265	FAITH-BASED EDUCATION	NC	501(c)(3)	9	N/A	Yes	
75-3130029 (2) LDI FOUNDATION INC			1				
1635 HIGHWAY 34 EAST SUITE B	FAITH-BASED EDUCATION	IL	501(c)(3)	7	N/A	Yes	
NEWNAN, GA 30265 36-4175586							
For Privacy Act and Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	L Cat No 5		<u> </u>	   Schedule R (I	 	2010

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV,	line 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j</b> Genei mana parti	ral or agıng	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership
(1) Healthy Foundations Co Ltd SAN JIAO HU SCHOOL ECON/TECH ZONE Wuhan, Huber 430056 CH	Education	СН	753130029	Not Applic	-531	450,000	90 000 %
(2) Chengdu Education Culture Mgmt Co Ltd 702 BUILDING 3 DEPT 3 ZI ZHU YUAN Chengdu, Sichuan 611731 CH	Education	СН	753130029	Not Applic	304,921	1,442,795	100 000 %
(3) Sharp Thinking Intl Qingdao Co Ltd Room 405 Jinguang Bldg 56 Xiang Qingdao, Shandong 266071 CH	Education	СН	N/A	Not Applic	-264,878	976,019	100 000 %

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III or IV				י	res	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related org	anızatıons lısted ın Part	s II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)				1b \	res	
<b>c</b> Gift, grant, or capital contribution from other organization(s)				1c \	/es	
<b>d</b> Loans or loan guarantees to or for other organization(s)				1d \	res	
e Loans or loan guarantees by other organization(s)				1e \	/es	
f Sale of assets to other organization(s)				1f		No
g Purchase of assets from other organization(s)				1g		No
h Exchange of assets				1h		No
i Lease of facilities, equipment, or other assets to other organization(s)				1i		No
j Lease of facilities, equipment, or other assets from other organization(s)			-	1j		No
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)			•	1k \	res	
I Performance of services or membership or fundraising solicitations by other organization(s)			F	11 Y	res	
m Sharing of facilities, equipment, mailing lists, or other assets			•	1m \	res	
n Sharing of paid employees			-	1n \	res	
			-			
• Reimbursement paid to other organization for expenses				10 Y	⁄es	
<b>p</b> Reimbursement paid by other organization for expenses				1p \	res	
<b>q</b> Other transfer of cash or property to other organization(s)				1q		No
r Other transfer of cash or property from other organization(s)				1r		No
			-			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	, including covered relati	onships and transact	ıon thresholds			
	(b)	(c)		1)		
Name of other organization	Transaction type(a-r)	Amount involved	Method of dete invo		g amo	unt
(1) INTERNATIONAL SCHOOLS CONSORTIUM INC	b	450,000	Cost			
(2) LDI FOUNDATION INC	n	117,845	FMV			
(3) LDI FOUNDATION INC			E1111			
	m	76,769	FMV			
(4) LDI FOUNDATION INC	С	767,853	Cost			
(5)						
(6)						

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d Are parti sect 501(d organiz	ners ion :)(3) :ations?	<b>(e)</b> Share of end-of-year assets		rtionate cions?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man pari	iaging tner?
			Yes	No		Yes	No		Yes	N
										-
										+
										╁
										$\dagger$
										Τ
										╄
			-							+
										+
										T
										╄
										+
										+
										1

#### Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Ident if ier	Return Reference	Explanation
Form 990,		LDI FOUNDATION, Inc Amounts of \$76,769 for (m) and \$117,845 for (n) represent donated services (non-cash) by MTI to LDI FOUNDATION
Schedule R,		
Part V , Line 2		

Schedule R (Form 990) 2010

## **TY 2010 Category 3 filer statement**

Name: MANAGEMENT TECHNOLOGIES INTERNATIONAL

INC

**EIN:** 91-1703263

**Software ID:** 10000105

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	NoneOutstanding	Management Technologies Intl Inc	1635 Highway 34 East Ste B Newnan, GA 30265	91-1703263	

#### **TY 2010 Itemized Other Current Liabilities Schedule**

Name: MANAGEMENT TECHNOLOGIES INTERNATIONAL

INC

**EIN:** 91-1703263

**Software ID:** 10000105

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		Due to Affiliate Schools	53,142	6,889
		Deferred Revenue	1,443	1,054
		Accrued Expenses	30,911	24,717

#### **TY 2010 Itemized Other Assets Schedule**

Name: MANAGEMENT TECHNOLOGIES INTERNATIONAL

INC

**EIN:** 91-1703263

**Software ID:** 10000105

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		Program Sponsorship - Int'l Schools	73,206	73,206
		Deposits	11,716	15,288

# **TY 2010 Itemized Other Current Assets Schedule**

Name: MANAGEMENT TECHNOLOGIES INTERNATIONAL

INC

**EIN:** 91-1703263

**Software ID:** 10000105

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Program Receivable	29,643	639
		Prepaid Expenses	55,907	25,014
		Due from International Schools	7,677	104,456

#### **TY 2010 Other Deductions Schedule**

Name: MANAGEMENT TECHNOLOGIES INTERNATIONAL

INC

**EIN:** 91-1703263

**Software ID:** 10000105

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Transportation	90,797	
Training, Instruction & Development	763,183	
Total in Dollars		687,105
Small Equipment & Supplies	211,337	
Program Operational Expenses	1,781,379	
Occupany (Other than Rent expense)	314,623	
Marketing	157,862	
Foreign Currency Total	4,446,670	
Communications	120,178	
Administrative Expenses	1,007,311	

#### **TY 2010 Other Income Statement**

Name: MANAGEMENT TECHNOLOGIES INTERNATIONAL

INC

**EIN:** 91-1703263

**Software ID:** 10000105

Description	Foreign Amount	Amount
Translation Gains/(Losses)	327,689	
Donation & Grant Revenue	2,575,994	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93493131004282

## **TY 2010 Paid-In or Capital Surplus Reconciliation Statement**

Name: MANAGEMENT TECHNOLOGIES INTERNATIONAL

INC

**EIN:** 91-1703263

**Software ID:** 10000105

Description	Beginning Amount	Ending Amount
Capital Provided by MTI	1,933,748	1,933,748