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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)

benefit trust or private foundation)

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

2011

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning $JUL~1$, 2011 and ending	JUN 30, 2012	
B cr	heck if	C Name of organization	D Employer identific	cation number
ар	plicable	Management Technologies International		
	Address change	Inc		
	Name change	Doing Business As	91-1	703263
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone number	7
	Termin- ated			683-0808
	Amende		G Gross receipts \$	2,709,869
	Application	Newnan, GA 30265	H(a) Is this a group re	eturn
	pending	F Name and address of principal officer: Chan Kei Thong	for affiliates?	☐Yes X N
		same as C above	H(b) Are all affiliates inc	luded? Yes N
I Ta	ax-exe	mpt status: X 501(c)(3)	527 If "No," attach a	list. (see instructions)
JW	/ebsite	www.LDiChina.com	H(c) Group exemption	n number 🕨
K Fo	orm of o	organization: X Corporation Trust Association Other	ear of formation: 1995 N	
	rt I	Summary	•	
	1 E	Briefly describe the organization's mission or most significant activities: ${ t Faith-ba}$	sed education	and
힡	t	training: To promote a culture of integrity	to urban pro	fessionals.
Activities & Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets.
8	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	4	
န္တ		Fotal number of individuals employed in calendar year 2011 (Part V, line 2a)	5	
Ĭ.	6 7	Total number of volunteers (estimate if necessary)	6	•
흉	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
٧		Net unrelated business taxable income from Form 990-T, line 34	7b	
一			Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	767,853.	927,56
ğ		Program service revenue (Part VIII, line 2g)	1,962,750.	1,775,98
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	2,113.	52
~		Other revenue (Part VIII, column (A), lines 5, 6d 8c, 9c, 10c, and 11e/	7,935.	1,66
		Total revenue - add lines 8 through 11 (must equalifiant VIII, column (A), line 12	2,740,651.	2,705,74
\Box		Grants and similar amounts paid (Part IX, columedA), Iர்ச்த நி3ரி 5 2013	661,512.	351,62
	44 6	Reposits point to or for members (Part IV, column (A) line (1)	0.	
စ္ဆ	15 9	Salaries, other compensation, employee benefits (Part IX column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)	1,517,433.	1,272,11
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
ē.		Total fundraising expenses (Part IX, column (D), line 25) > 194,824.		
<u> </u>	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,420,720.	1,275,40
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,599,665.	2,899,13
		Revenue less expenses. Subtract line 18 from line 12	<859,014.	> <193,39
98			Beginning of Current Year	End of Year
	20 1	Total assets (Part X, line 16)	3,352,699.	3,924,00
28	21 1	Total liabilities (Part X, line 26)	496,606.	1,259,29
Net Assets or Fund Balances	22 1	Net assets or fund balances. Subtract line 21 from line 20	2,856,093.	2,664,70
	ırt II	Signature Block		
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the best of m	y knowledge and belief, i
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		
		Long Freh;	12-12-	-2013
Sigr	ո	Signature of officer	Date	
Here	e	Randy Ebeling, Vice President		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid	,	David C. Moja	ar self-employ	
Prep		Firm's name Capin Crouse LLP	Firm's EIN	36-3990892
Use	Only	Firm's address > 972 Emerson Parkway, Ste A		
	_	Greenwood, IL 46143	Phone no. 3	17-885-2620
Mav	the IR	S discuss this return with the preparer shown above? (see instructions)		Yes

Form **990** (2011)

Management Technologies International Inc 91-1703263 Form 990 (2011) Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: Faith-based education and training: To promote a culture of integrity to urban professionals and their families in East Asia, and beyond, through character-centered education services. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.

others, the total expenses, and revenue, if any, for each program service reported. 1,067,027. including grants of \$ 186,361.) (Revenue \$ 1,778,944.₎ Education and Training - Provided/Supported faith-based English language, education and business training programs in Asia. Recruited, trained and sent over 55 teachers and field staff (foreign and national) to six international schools (K-12), with more than 1,570 students from over 20 countries, and to business and language training programs in seven major cities in Asia. Outreach for intensive year-long faith-based teacher training reached over 100 participants. Faith-based experiential education reached over 1,800 participants. Faith-based business training reached over 650 participants. Approximately 35 volunteers, including seconded staff from other non-profit organizations, serve the organization.

893,621. including grants of \$

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to

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	Asia	a, a:	nd k	oeyo	nd.															
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łc	(Code _) (Ext	oenses \$				-	ındud	ing grant	s of \$				_) (Re	venue \$			<u>.</u>)
łc	(Code) (Exp	oenses \$ _				-	ınclud	ing grant	s of \$				_) (Re	venue \$			-)
łc	(Code _) (Exp	penses \$ _				-	includ	ing grant	s of \$				_) (Re	venue \$)
łc	(Code _) (Exp	oenses \$				-	includ	ing grant	s of \$				_) (Re	venue \$			-)
łc	(Code) (Ext	oenses \$ _					ındud	ing grant	s of \$				_) (Re	venue \$)
łc	(Code _) (Exp	penses \$ _					includ	ing grant	s of \$				_) (Re	venue \$)
łc	(Code) (Ext	penses \$ _					includ	ing grant	s of \$				_) (Re	venue \$)
lc	(Code _) (Exp	penses \$					includ	ing grant	s of \$				_) (Re	venue \$)
łc	(Code) (Ext	penses \$ _					ındud	ing grant	s of \$				_) (Re	venue \$)
łc	(Code _) (Exp	penses \$ _					ındud	ing grant	s of \$				_) (Re	venue \$)

Other program services (Describe in Schedule O.)

) (Expenses \$

165,264.) (Revenue \$

1,960,648. Total program service expenses ▶

(Code

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	•	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
_	Part VI	11a	_X_	
D	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			х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
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	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				_
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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		X
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
Þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes " complete School to School	ا ا	_w	
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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 United States? If "Yes," complete Schedule F, Parts II and IV	4-	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	<u> </u>	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	-	
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form '	000 "	2044

Form 990 (2011) Inc
Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 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		v	1
04-	Schedule J	23	Х	-
248	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 through 24d and complete Schedule K. If "No", go to line 25	040		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ĭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	210		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		x
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		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			l
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	7,	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		v	
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	•	┝┷
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		Ιx
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		x
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		Х
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	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	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			۱
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		х	Ì
	Note. All Form 990 filers are required to complete Schedule O	38	990 (2044
		LOLL	JJU ()	ZU11)

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Form	1 990 (2011) Inc 91-1703	263	Р	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			ł
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X]
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 48			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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	Х	
b	If "Yes," enter the name of the foreign country: ▶ China, United Arab Emirates			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	Х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
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 services provided to the payor?	7a]	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	Α
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	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 N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l
	organization is licensed to issue qualified health plans . 13b			
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2011)

	Management Technologies International			
Form	990 (2011) Inc 91-1703	263	Р	age 6
Pai	TVI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	"No" r	espon	se
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion 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	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8	4		
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	Х	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	ļ	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1		
_	more members of the governing body?	7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		_v
_	persons other than the governing body?	7b	-	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		1
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		
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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		┝┻
000	tion D. I Onoles (This Section & Tequesis information about policies not required by the Internal nevenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		 -
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	\vdash
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	х	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	\vdash
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?	1		
а	The organization's CEO, Executive Director, or top management official	15a	Х	<u> </u>
þ	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1		
1 6 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1		
	taxable entity during the year?	16a	X	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1	l <u>.</u> .	l
	exempt status with respect to such arrangements?	16b	X	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	

500	don o. bisolosuic	
17	List the states with which a copy of this Form 990 is required to be filed ▶GA	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available	
	for public inspection. Indicate how you made these available. Check all that apply.	
	Own website Another's website X Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial	

statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

Cathy Murphy - 770-683-0808

1635 Highway 34 East, Ste B, Newnan, GA 30265

Inc

91-1703263 Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

X

Page 7

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 Enter -0- in columns (Ď), (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.

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

- 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.

(A)	(B)			(((D)	(E)	(F)
Name and Title	Average hours per week	box	not c , unle	Pos heck ss pe id a d	more	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	F ormer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Chan Kei Thong	20.00	l		l						•
President & Director	32.00	Х	_	Х		_	_	0.	0.	0.
(2) Grahame Harris	1	١.,		١		1				
Board Chairman	1.00	X		X	_			0.	0.	0.
(3) Ron Harris	1 00	١.,			ĺ		l	<u> </u>		0
Director	1.00	X	-			<u> </u>	<u> </u>	0.	0.	0.
(4) Thomas Beck	1 1 00	.	l					0.	0.	
Director	1.00	X	_				_	0.	0.	0.
(5) Laurie Doden	1 1 00	x						0.	0.	0.
Director (6) Insoo Jeong	1.00	₽	⊢	\vdash	_	-	┢	0.	0.	0.
(6) Insoo Jeong Director	1.00	x						0.	0.	0.
(7) John Cragin	1.00	^	⊢	-	\vdash	⊢	┢	0.	0.	0.
Director	1.00	X						0.	0.	0.
(8) William Goff	1.00	1	\vdash		┢	╁				
Director	1.00	\mathbf{x}	l			ļ		0.	0.	0.
(9) Thomas Winkler			┪		┢	┢	┢			
Director	1.00	x						0.	0.	0.
(10) Roy Smith		⇈								
Vice-President	32.00			X				25,632.	0.	7,162.
(11) Gregg Vossler										
Vice-President	32.00			Х	ĺ			0.	0.	0.
(12) Randy Ebeling					Г	П				
Vice-President	40.00			X		İ	l	48,964.	0.	3,379.
(13) Peter Regez										
Vice-President	32.00	L		X				0.	32,643.	0.
(14) Cathy Murphy			Γ							
Asst Treasurer	40.00	╀	-	X		-	┝	66,200.	0.	0.
			<u> </u>	_				_		
		\vdash				\vdash	\vdash	_		
							<u> </u>	<u> </u>	<u>L</u>	Far- 900 (0044)

Art VII Section A. Officers, Direct (A) Name and title	ors, Trustees, Key Er (B) Average hours per week (describe hours for	(do box offi	not c	(C Pos	C)	ligh	est		ees (continued)	т—		
• •	Average hours per week (describe	offi	not c	Pos				(D)	(E)			
	1 1		cer an	ss pe	more rson	than	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimate mount other	of
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa from th ganizat nd relat janizat	ne tion ted
											<u>.</u> .	
			_				_			-		
b Sub-total								140,796.	32,643		.0,5	
c Total from continuation sheets to	Part VII, Section A							0.	0	- 1	A =	0.
d Total (add lines 1b and 1c)			li-A-			<u> </u>		140,796.	32,643	• 1	0,5	<u>41.</u>
Total number of individuals (including compensation from the organization	=	1056	IISLE	su a	JOV	e) wi	10 16	sceived more than \$100	,000 or reportable			0
	· · · · · · · · · · · · · · · · · · ·										Yes	No
Did the organization list any former line 1a? If "Yes," complete Schedul	e J for such individual									3		х
For any individual listed on line 1a, and related organizations greater the									the organization	4		x
Did any person listed on line 1a rec	eive or accrue comper	nsat	ion f	rom	any	unr			dual for services		1,,	
rendered to the organization? If "Ye ection B. Independent Contractors	es," complete Scheauk	e J i	or se	ucn	pers	son				5	X	Щ.
Complete this table for your five high	thest compensated inc	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100.000 of comper	sation	from	
the organization. Report compensa		-							·			
Name and b	(A) usiness address	N	ONE	3				(B) Description of s	ervices	(Compe	C) ensatio	วท
	· -			-		_	\dashv		<u> </u>			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

0 \$100,000 of compensation from the organization

Inc 91-1703263 Form 990 (2011) Page 9 Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a 1b Membership dues 1c c Fundraising events 927,567. d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 927,567. h Total. Add lines 1a-1f Business Code 2 a Education/Support Svcs 611710 1775985 1775985. Program Service Revenue f All other program service revenue 1775985. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 525. 525. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns 7,086. and allowances 4,127. b Less: cost of goods sold 2,959. 2,959 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a Currency Translation 611710 <1,294. <1,294.> d All other revenue ... <1,294.Total. Add lines 11a-11d 2705742. Total revenue. See instructions. 1778944. <769.>

Form **990** (2011)

Form 990 (2011)

Inc

91-1703263 Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question in this	s Part IX		
	not include amounts reported on lines 6b, 8b, 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 United States. See Part IV, line 21	49,875.	49,875.		
2	Grants and other assistance to individuals in				
3	the United States. See Part IV, line 22 Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	301,750.	301,750.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees	140,796.	42,239.	84,477.	14,080.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	52,039.	52,039.		
7	Other salaries and wages	924,333.	588,160.	294,812.	41,361.
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				- 15-
9	Other employee benefits	69,810.	43,149.	23,261.	3,400.
10	Payroll taxes	85,132.	52,004.	28,903.	4,225.
11	Fees for services (non-employees):				
а	Management	20.460		20.460	
b	Legal	39,469.		39,469.	
С	Accounting	12,420.		12,420.	
d	· · · · · · · · · · · · · · · · · · ·				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	415,086.	301,994.	100,092.	13,000.
-	Other	51,909.	11,778.	100,032.	40,131.
12 13	Advertising and promotion Office expenses	83,144.	53,943.	21,324.	7,877
14	Information technology	26,609.	12,449.	12,830.	1,330.
15	Royalties	20,0001		22,000	2,000
16	Occupancy	90,549.	42,364.	43,657.	4,528.
17	Travel	207,216.	121,743.	26,729.	58,744
18	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,804.	51,105.	106.	593.
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	56,330.	26,355.	27,159.	2,816.
23	Insurance	21,638.	10,674.	9,934.	1,030.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Foreign Taxes	98,881.	98,881.		
b	Orientation/Training	65,981.	64,885.	996.	100.
C	Other Miscellaneous	41,596.	35,205.	4,782.	1,609.
d	Bank Charges	12,772.	56.	12,716.	
е	All other expenses				46466
25	Total functional expenses. Add lines 1 through 24e	2,899,139.	1,960,648.	743,667.	194,824.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2011)

Pa	πХ	Balance Sheet			
			(A) Beginning of year	-	(B) End of year
	1	Cash - non-interest-bearing	66,990.	1	1,297,836.
	2	Savings and temporary cash investments	678,367.	2	61,626.
	з	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	28,765.	4	307,406.
	5	Receivables from current and former officers, directors, trustees, key		<u> </u>	
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		Ť	
	•	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)		6	
£	7	Notes and loans receivable, net		7	·
Assets	8	Inventories for sale or use	13,931.	8	16,102.
⋖	9	Prepaid expenses and deferred charges	31,763.	9	17,790.
	10a	Land, buildings, and equipment: cost or other	3277331	 	11,1700
	108	basis. Complete Part VI of Schedule D 10a 306,	502.		
	Ь	Less: accumulated depreciation 10b 249,		10c	57,366.
	11	Investments - publicly traded securities	213,070:	11	37,300.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	2,319,010.	13	2,153,577.
	14	Intangible assets	2,313,010.	14	2,133,377.
	15	Other assets. See Part IV, line 11	3.	15	12,302.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,352,699.	16	3,924,005.
	17	Accounts payable and accrued expenses	190,039.	17	560,745.
	18	Grants payable	230,0030	18	300,7131
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	·
co.	21	Escrow or custodial account liability. Complete Part IV of Schedule D	•	21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employe	oe .		
<u> </u>	—	highest compensated employees, and disqualified persons. Complete Pa	· •		
Ë		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		-	
		parties, and other liabilities not included on lines 17-24) Complete Part X	of		
		Schedule D	306,567.	25	698,551.
	26	Total liabilities. Add lines 17 through 25	496,606.	26	1,259,296.
		Organizations that follow SFAS 117, check here		~	
s		lines 27 through 29, and lines 33 and 34.	nete		
ည	27	Unrestricted net assets	2,446,608.	27	2.091.560.
튵	28	Temporarily restricted net assets	409,485.	28	2,091,560. 573,149.
ě	29	Permanently restricted net assets	10371233	29	3,0,2130
Š	~	Organizations that do not follow SFAS 117, check here	nd		
F		complete lines 30 through 34.			
ts c	30	•	İ	30	
986	Ī	Capital stock or trust principal, or current funds		31	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Ž	32	Retained earnings, endowment, accumulated income, or other funds	2,856,093.		2,664,709.
	33	Total net assets or fund balances	3,352,699.		3,924,005.
	34	Total liabilities and net assets/fund balances	3,334,033.	<u> 34</u>	3,344,003.

Form **990** (2011)

Form	990 (2011) Inc	91-	1703	263	Pac	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,70	<u>5,7</u>	<u>42.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,89		
3	Revenue less expenses Subtract line 2 from line 1	3				<u>97.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	, 85		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				<u>13.</u>
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	, 66	4,7	09.
Pa	rt XII Financial Statements and Reporting			_		
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					l
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•		2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	<u> </u>
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	٠.			1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				l
	separate basis, consolidated basis, or both:					ł
	Separate basis					l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	drt			l
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			ł
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
				Form	990 ((2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Management Technologies International

Employer identification number 91-1703263

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

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

Schedule A (Form 990 or 990-EZ) 2011

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		1				
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			ļ			
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		1				
4	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					i	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				j		
	column (f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support			, 		_	
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		ļ		ļ		
8	Gross income from interest,						
	dividends, payments received on				ļ		
	securities loans, rents, royalties				1		
	and income from similar sources		ļ				
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.)						<u> </u>
	Total support. Add lines 7 through 10		<u> </u>	<u> </u>		10	<u> </u>
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	•	s first, second, thi	ra, tourth, or titth t	ax year as a section	on 501(c)(3)	. □
Sec	organization, check this box and storetion C. Computation of Publication	ic Support Pe	ercentage				
	Public support percentage for 2011 (column (fl)		14	%
	Public support percentage from 2010			00.0 (177		15	<u>%</u>
	33 1/3% support test - 2011. If the			on line 13, and line	14 is 33 1/3% or	more, check this be	
	stop here. The organization qualifies	-				·	
t	33 1/3% support test - 2010. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation .			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2011. If the on	ganization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop l	here. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		. •
t	10% -facts-and-circumstances tes	t - 2010. If the on	ganızatıon did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to	ne "facts-and-circi	umstances" test, o	heck this box and	stop here. Explai	n in Part IV how the	e
	organization meets the "facts-and-circ	cumstances" test	. The organization	qualifies as a publ	icly supported org	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	ns ▶
_					Sch	edule A (Form 990	or 990-EZ) 2011

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.)

Sec	ction A. Public Support	<u> </u>						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not	 -						
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in any activity that is related to the	· ·	i			ļ		
	organization's tax-exempt purpose			ļ				
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	zation's benefit and either paid to	,	i					
	or expended on its behalf							
5	The value of services or facilities				,			
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							-
78	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
ŧ	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year			1				
•	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)							
Se	ction B. Total Support							
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	:011	(f) Total
9	Amounts from line 6							
10a	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar sources							
ı	Unrelated business taxable income					1		
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
•	Add lines 10a and 10b							
11	Net income from unrelated business							_
	activities not included in line 10b, whether or not the business is					1		
	regularly carried on							
12	Other income. Do not include gain							
	or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organizat	tion,
	check this box and stop here			<u> </u>				▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage					
15	Public support percentage for 2011 (line 8, column (f) d	divided by line 13,	column (f))		15		%
	Public support percentage from 2010			·	<u> </u>	16		%
<u>Se</u>	ction D. Computation of Inve	stment Incom	ne Percentage	<u> </u>				
17	Investment income percentage for 20)11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))	•	17		%
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18		%
19	a 33 1/3% support tests - 2011. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%,	and line 17	ıs not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation		. •
ı	33 1/3% support tests - 2010. If the	organization did i	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 3	3 1/3%, ar	nd
	line 18 is not more than 33 1/3%, che	eck this box and s	stop here. The org	anızatıon qualıfies	as a publicly supp	orted org	anızatıon	. •
20								

Translation Gains/Losses 58,290. 6.324900 9, Misc. Income <21,138.> 6.324900 <3,	1ar 450. 216. 342.> 324.
Translation Gains/Losses 58,290. 6.324900 9, Misc. Income <21,138.> 6.324900 <3, Total to 5471, Schedule C, line 8 185,471. 29,	216. 342.> 324.
Misc. Income	

Form 5471	Other Assets	3	Statement 4
Description		Beg. of Annual Accounting Period	End of Annual Accounting Period
Deposits Program Sponsor	ship - Int'l Schools	15,288. 73,206.	16,308. 79,053.
Total to 5471,	Page 3, Schedule F, line 12	88,494.	95,361.
Form 5471	Other Current Liabi	lities	Statement 5
Description		Beg. of Annual Accounting Period	End of Annual Accounting Period
Accrued Expense Deferred Revenu Due to Affiliat	le	24,717. 1,054. 6,889.	0. 2,498. 0.
Total to 5471,	Page 3, Schedule F, line 15	32,660.	2,498.
Form 5471	Reconciliation of Paid-in or	Capital Surplus	Statement 6
Description		Beginning of Year	End of Year
Capital Provide	d by MTI	1,933,748.	1,933,748.

Form 5471	Direct or Indirect 10% Interest in a Foreign Partnership	Statement	7

Name of Foreign Partnership EIN, if any Tax Matters Partner, if any Forms Filed, if any Beginning Tax Year Date Ending Tax Year Date

Shenyang Brave English Language Center Foreign US

N/A 07/01/2011 06/30/2012

International Boycott Report

r tax year beginning	July 1	, 20	11
and ending	June 30	, 20	12 .

OMB No. 1545-0216 **Attachment**

Sequence No. 123

Fo (Rev December 2010) Paper filers must file in duplicate (see When and Where to File in the instructions) Department of the Treasury Internal Revenue Service ► Controlled groups, see instructions. Identifying number Management Technologies International, Inc. 91-1703263 Number, street, and room or suite no. If a P.O. box, see instructions. 1635 Highway 34 East, Ste B City or town, state, and ZIP code Newnan, GA 30265 Address of service center where your tax return is filed **Ogden, UT 84201** Type of filer (check one): ☐ Individual ☐ Other ☐ Partnership ✓ Corporation ☐ Trust ☐ Estate Individuals — Enter adjusted gross income from your tax return (see instructions) Partnerships and corporations: Partnerships - Enter each partner's name and identifying number. Corporations - Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return. If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated. Identifying number Sharp Thinking International Management Consulting (Qingdao) Co., Ltd. N/A (See Form 5471) If more space is needed, attach additional sheets and check this box. Code Description 611710 c Enter principal business activity code and description (see instructions) Educational Support Services IC-DISCs—Enter principal product or service code and description (see instructions) Partnerships - Each partnership filing Form 5713 must give the following information: Partnership's ordinary income (see instructions) . Corporations - Each corporation filing Form 5713 must give the following information: a Type of form filed (Form 1120, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc.) Common tax year election (see instructions) (1) Name of corporation ▶ _____ (3) Common tax year beginning _____, 20____, and ending Corporations filing this form enter: 3,924,005 (2) Taxable income before net operating loss and special deductions (see instructions) . (193,397) Estates or trusts - Enter total income (Form 1041, page 1) Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions): Foreign tax credit Deferral of earnings of controlled foreign corporations Deferral of IC-DISC income FSC exempt foreign trade income Foreign trade income qualifying for the extraterritorial income exclusion **Please** Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Sign Vice President

Signature

Here

Date

Title

Form 57	713 (Rev 12-2010)				P	age 2
7a		(as defined in section 951(b)) of g rules) that had operations rep		corporation (including a FSC that does not er section 999(a)?	Yes	No ✓
b	If the answer to question 7	•	oration a co	ontrolled foreign corporation (as defined in		
С		IC-DISC?				1
d	Do you claim any foreign tax	credit?				1
е	report) that has operations r	eportable under section 999(a)?	?	of (other than a corporation included in this		1
	year that ends with or within	your tax year?		rnational boycott at any time during its tax		
f	report) who has operations	reportable under section 999(a)	?	rson (other than a person included in this		✓
	that ends with or within you	rtax year?		anal boycott at any time during its tax year		
g	-		•	rtable operations under section 999(a)? .		✓
h				section 999(a)?		1
j	Are you a foreign sales corp Are you excluding extraterring gross income?	oration (FSC) (as defined in section torial income (defined in section	tion 922(a), i i 114(e), as ii	as in effect before its repeal)?		✓
Part	<u> </u>	elated to a Boycotting Cou	ntry (see in	netructions)		Ь
8		·	- '		Yes	No
				untry (or with the government, a company, srael which is on the list maintained by the		 10
				untries in the instructions.)	✓	1
	If "Yes," complete the follow	ving table. If more space is need	ded, attach	additional sheets using the exact format and	check	
	this box	· · · · · · · · · · · · · · · · · · ·		<u> </u>	. ▶	
	Name of country	Identifying number of		Principal business activity	IC-DI	
	(4)	person having operations (2)	Code	Description	only— produc	t code
	(1)	(2)	(3)	(4)	(5	i)
a l	Jnited Arab Emirates	91-1703263	611710	Educational Support Services		
b						
c						
d						
е						
f						
<u>g</u>						
h				*****		
i						
j_		-				
k						
m						
n						
_						

	713 (Rev. 12-2010)				Pa	age 3
9	Nonlisted countries boye	cotting Israel — Did you have or	perations in any	nonlisted country which you know or	Yes	
	If "Yes," complete the follow	owing table. If more space is need	eded, attach ad	mational boycott directed against Israel? Iditional sheets using the exact format and	check	<u> </u>
				Principal business activity	► IC-DI	
	Name of country	Identifying number of person having operations	Codo		only-	Enter
	(1)	(2)	Code (3)	Description (4)	product (5	
а						
b						
С						
d		-				
е						
<u> </u>	11 - 1	_		V		
_ ' _						
<u>g</u> _						
h	· · · · · · · · · · · · · · · · · · ·		<u> </u>		Yes	No
10				any other country which you know or have poycott other than the boycott of Israel?	163	√
	If "Yes," complete the following	owing table. If more space is need	eded, attach ac	dditional sheets using the exact format and	check	
	Name of country	Identifying number of		Principal business activity	IC-DI	
	(1)	person having operations (2)	Code (3)	Description (4)	only— produc (5	t code
а						
b						
С						
d						
				-	<u> </u>	
_					i	
e						
f						
f g	-					
f					Yes	No
f g	If "Yes," attach a copy (in	English) of any and all such req en request, attach a separate sl	uests received	oycott?	Yes	No ✓
f g h	If "Yes," attach a copy (in a form other than a writte requests. (See instruction	English) of any and all such req en request, attach a separate sl s.)	uests received neet explaining	during your tax year. If the request was in	Yes	
f g h 11	If "Yes," attach a copy (in a form other than a writte requests. (See instruction Did you participate in or of "Yes," attach a copy (in If the agreement was in a and all such agreements.	e English) of any and all such requent request, attach a separate sits.) cooperate with an international be English) of any and all boycott of form other than a written agreen (See instructions.)	uests received neet explaining bycott? lauses agreed nent, attach a s	during your tax year. If the request was in the nature and form of any and all such	greeme m of a	√ ent.

Part				Acts of Particip	ation in o	r Cooperation With	an Intern	ational	Req	uests	Agree	_
			ycott	·					Yes	No	Yes	No
_13a						any agreement (see instr				 		
	(1)			ng business directly al of a country to—	y or indired	tly within a country or	with the go	overnment, a				
		(a)				ountry which is the ob r nationals of that coun		international				
		(b)				son engaged in trade ir						
			object of an int country?	· · · · · · · · · · · · · · · · · · ·	or with the	government, companie	es, or natio	nals of that				
		(c)	whole or in part,	of individuals of a pa	articular na	whose ownership or ma tionality, race, or religior duals of a particular nati	, or to remo	ove (or refrain				
		(d)				lar nationality, race, or		, or rought		1	 	
	(2)					ment, a company, or a						
				ig or insuring product ate in or cooperate		rrier owned, leased, or	operated b					
	Re					of 13a is "Yes," comp			If mo	re en	ace is	<u>. </u>
_						and check this box					. ►	· 🗆
			country	Identifying number of		cipal business activity	IC-DISCs			n or pa	rticipat	ion
			•	person receiving the request or having the		T CONTROL OF THE CONT	only Enter	Number of requ	ests	Number	of agree	ments
		(1)	agreement (2)	Code (3)	Description (4)	product code (5)	Total (6)	Code (7)	To1 (8)		Code (9)
a												
ь												
c		_										
d					,							
e												
f												
g												
<u>h</u>												
i												
<u>j</u>								:				
k								_			·	
m			****									
n	.,	_										
_ 0		_										
n					<u> </u>							

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

Management Technologies International

Employer identification number 91-1703263

Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the penodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 **b** Assets included in Form 990, Part X

	dule D (Form 990) 2011 Inc							03263	
Par	t III Organizations Maintaining C	ollections of A	rt, Historical 1	reasures, o	r Other	Simila	r Asse	ts (continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of th	e following that	are a sig	nificant u	se of its	collection ite	ems
	(check all that apply):								
а	Public exhibition		Loan or ex	change progra	ms				
b	Scholarly research	•	Other _						
c	Preservation for future generations								
4	Provide a description of the organization's co	ellections and expla	in how they further	the organization	n's exem	pt purpos	se in Par	t XIV.	
5	During the year, did the organization solicit o			-					
	to be sold to raise funds rather than to be ma] Yes [□ No
Pai	t IV Escrow and Custodial Arran				Yes" to F	orm 990.	Part IV.	line 9. or	,
	reported an amount on Form 990, Par		•			·	Ţ	·	
1a	Is the organization an agent, trustee, custod	an or other interme	diary for contribute	ons or other ass	sets not ir	ncluded			
	on Form 990, Part X?		,] Yes [□ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fe	ollowing table.						
			one may table					Amount	
С	Beginning balance					1c		7 unount	
	Additions during the year		•		•	1d			
e	Distributions during the year					1e			
f	Ending balance		•			1f			
2a	Did the organization include an amount on Fe	orm 990 Part X line	. 212			<u> </u>		Yes	□ No
	If "Yes," explain the arrangement in Part XIV.			•			_	_ 1 63	
Par			nswered "Yes" to F	orm 990 Part I	V line 10	ı			
		(a) Current year	(b) Prior year	(c) Two years) Three ye	ars hack	(e) Four yea	rs hack
1a	Beginning of year balance	(a) Odnem year	L (b) Frior year	(c) The year.	3 Daon (C	2) 111100 yo	ars back	(e) i our yea	113 Dack
b	Contributions	•		+					
0				-	+				
ن	Net investment earnings, gains, and losses		-						
u	Grants or scholarships			 		_			
е	Other expenditures for facilities								
	and programs			 					
T _	Administrative expenses			+-				<u>. </u>	
g	End of year balance		<u></u>	<u> </u>					
2	Provide the estimated percentage of the cum	rent year end balan		(a)) neid as:					
a	Board designated or quasi-endowment	- 0/	%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c should be a sh	•							
за	Are there endowment funds not in the posse	ssion of the organiz	zation that are held	and administer	red for the	e organiza	ation		
	by.								s No
	(i) unrelated organizations							3a(i)	-
	(ii) related organizations							3a(ii)	
	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIV the intended uses of the								
rai	t VI Land, Buildings, and Equipm			r					
	Description of property	(a) Cost or o		st or other		cumulated	¹	(d) Book va	alue
		basis (invest	ment) basi	s (other)	depr	eciation			
	Land .	<u> </u>					\longrightarrow		
	Buildings	4.2	730			4000	+		
C	Leasehold improvements		730.			10,80			926.
	Equipment		966.		2	36,66			303.
	Other		806.			1,66	9.		137.
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Pari	t X. column (B). line	10(c).)				57 <i>.</i>	366.

Schedule D (Form 990) 2011 Inc Part VII Investments - Other Securities. Se	- 5 - 000 B - W II - 40		91-1703263 Page 3
	e Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			-
(D)			
(E)	=		· · · · · · · · · · · · · · · · · · ·
(F)		-	
(G)			
(H)			
(I)			
		<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		od of valuation: of-year market value
(1) Sharp Thinking (Qingdao	· -		· · · · · · · · · · · · · · · · · · ·
(2) Entity)	1,933,748.	Cost	,
(3) International Schools			
(4) Sponsorship	62,344.	Cost	
(5) International Schools	, <u>, , , , , , , , , , , , , , , , , , </u>		
(6) Program Receivable	157,485.	Cost	
(7)			
(8)			
(9)			
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	2,153,577.		
Part IX Other Assets. See Form 990, Part X, line			· · ·
	Description		(b) Book value
	Description		(b) Book value
(2)			
(3)			
(4)	·		
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	···		
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability		(b) Book value	-
(1) Federal income taxes			
(2) Due to International Scho	ols	698,551.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)		<u> </u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line Find 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to EN 48 (ASC 740)	25.)	698,551.	IV TO TIME CALL IN THE PARTY OF
2. FIN 48 (ASC 740)	garrander a maneta additi	and reports the organization's liabili	ny isa unioni wan wax positions unider

Sche	dule D (Form 990) 2011 Inc			91-3	1703263	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited F	inancial State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		2,705	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,899	,139.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		<193	<u>, 397.</u> ;
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7		2	,013.
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			,013.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			,384.
Pa	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With F	evenue per R	eturn		
1	Total revenue, gains, and other support per audited financial statements			1	2,894	<u>,944.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities	2b	189,202.]		
C	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIV.)	2d		1		
е	Add lines 2a through 2d			2e		,202.
3	Subtract line 2e from line 1			3	2,705	<u>,742.</u>
4	Amounts 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		. I		
Ь	Other (Describe in Part XIV.)	4b		1		_
C	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,705	<u>,742.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Retu	<u>m 2 222</u>	2/1
1	Total expenses and losses per audited financial statements			1	3,088	,341.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		100 000			
а	Donated services and use of facilities	2a	189,202.	{		
b	Prior year adjustments	2b		. I		
С	Other losses	2c		↓		
d	Other (Describe in Part XIV.)	2d		┥╴╽	100	202
е	Add lines 2a through 2d		-	2e	2,899	<u>,202.</u>
3	Subtract line 2e from line 1			3	4,099	, 135.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		 		
b	Other (Describe in Part XIV.)	4b		∤. I		0
С	Add lines 4a and 4b			4c	2 900	-130
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	2,899	, 139.
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II					4, Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also comp					
ra:	rt X, Line 2: The financial statement effe	CLS OT	a cax pos	<u> </u>	011	

taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities. As of June 30, 2012, LDi (which includes MTI) had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.

Schedule D (Form 990) 2011 Inc 91-1703263 Page 5
Part XIV Supplemental Information (continued)
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 owned 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 U.S. However, the WOFE
is subject to income and other taxes under Chinese Law, which does not
provide tax exempt status to WOFEs.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13,

▶ Attach to Form 990 or Form 990-EZ.

or Form 990-EZ, Part VI, line 48.

Open to Public Inspection

OMB No 1545-0047

Name of the organization Management Technologies International Employer identification number 91-1703263

	tl		YES	N
			153	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	١.	•	
	other governing instrument, or in a resolution of its governing body?	1	X	⊢
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	١.	v	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	╀
	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			1
	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 See Part II	3		Ŀ
	Dee late 11		1	L
	Does the organization maintain the following?	١.		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a 4b	X	╁
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	40	 ^	+
	admissions, programs, and scholarships?	4c	x	ı
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	╁
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	140		╁
	Does the organization discriminate by race in any way with respect to:			Ι.
	Students' rights or privileges?	5a	 	Ŀ
	Admissions policies?	5b	_	L
	Employment of faculty or administrative staff?	5c	<u> </u>	L
	Scholarships or other financial assistance?	<u>5d</u>	├	L
•	Educational policies?	5e	├	L
	Use of facilities?	5f	-	
	Athletic programs?	5g	 	L
1	Other extracumcular activities?	5h	ļ	L
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		ľ	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	↓	
	Has the organization's right to such aid ever been revoked or suspended?	6b	igspace	L
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.		ļ	-
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			1
			X	

Schedule E (Form 990 or 990-EZ) (2011) Inc	91-1703263 Page 2
Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lin as applicable. Also complete this part to provide any other additional information.	es 3, 4d, 5h, 6b, and 7,
Schedule E, line 3 - Explanation of Nondiscrimination Police	ey:
The organization operates six international schools in the	
People's Republic of China. Each school accepts students	
regardless of race, color or national origin in accordance	
with the organization's non-discrimination policies.	
However, schools must operate in strict accordance with	·
Chinese law, which limits admission to children from the I	nternational
community. Schools are open to all international students	, regardless of
race, color or national origin, if they are permitted to a	tend under
Chinese law. It would not be appropriate or feasible for	the schools to
use general circulation print or broadcast media to solici	students or to
publicize admissions policies because they are read primar	ily by Chinese
whose children cannot attend international schools. The re	equired
non-discrimination notice is included on school websites,	orochures,
advertising materials and documents. All schools have very	y diverse
student bodies, including international students from over	20 nations.
	
	
	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

Name of the organization	1	Tm b a a	hi1		Employer ide	ntification number
Management Tech Inc	mologies	Interna	tional		91-1703	262
	rmation on A	ctivities Out	tside the United States. Compl	late if the oma		
to Form 990, Par			tordo tiro ornica otateor compr	ete ii u le orgai	iization answere	u res
		n maintain recon	ds to substantiate the amount of its gr	ants and other	assistance.	-
			the selection criteria used to award the		stance?	X Yes No
				_		
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance (outside the
United States.						
			an be duplicated if additional space is			
(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in region		vity listed in (d)	(f) Total expenditures
	in the region	Iaαents.and	(by type) (e.g., fundraising, program services, investments, grants to		gram service, e specific type	for and
		independent contractors	recipients located in the region)		ce(s) in region	investments in region
		in region	•			irregion
East Asia and the						
Pacific	2	20	Program Services	Education 8	Training	752,837.
East Asia and the			Grants to recipients	ł		
Pacific	°	0	located in region	<u></u>		46,250.
East Asia and the						
Pacific	0	0	Program Investments	Education 8	Training	1,996,092.
				<u> </u>		, , , , , , ,
Middle East and						
North Africa	0	13	Program Services	Education 8	Training	140,943.
Middle East and			Grants to recipients			
North Africa	Ι .	0	located in region]		255,500.
						}
·····						
				l		
				ļ		
	-	 				
3 a Sub-total	2	33				3,191,622.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a] .					

Page 2

91-1703263

management recunotog Inc

Schedule F (Form 990) 2011

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any

recipient who re Part II can be du	recipient who received more than \$5,000. Check this L Part II can be duplicated if additional space is needed.	,000. Check this box if n I space is needed.	recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	than \$5,000	•			A
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		East Asia and the Pacific	Faith-Based Education	10,372.	10,372.Various	1,020.	1,020.Software	Cost
		East Asia and the Pacific	Paith-Based Education	10,071.	10,071.Various	0.		
		East Asia and the Pacific	Paith-Based Education	22,430.	Wire	0.		
		Middle East and North Africa	Faith-Based Education	137260.	137260.Various	118240.	Furniture & 118240.Equipment	Cost
2 Enter total number of the IRS or for which	f recipient organizations	Enter total number of recipient organizations listed above that are the IBS or for which the grantee or counsel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-e	empt by		

Enter total number of other organizations or entities

၈

Schedule F (Form 990) 2011

Page 3

91-1703263

Schedule F (Form 990) 2011 Inc Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

_]	ļ	1	Ξ
(h) Method of valuation (book, FMV, appraisal, other)									Schedule F (Form 990) 2011
(g) Description of non-cash assistance									Schedu
(f) Amount of non-cash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant									
c) Number of recipients									
(b) Region									
(a) Type of grant or assistance (b) Region									

	ale F (Form 990) 2011 IIIC	91-1/03263	Page 4
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, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Tyes	X No
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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
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)	. X Yes	□ No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
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)	X Yes	□ No
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)	X Yes	□ No

Schedule F (Form 990) 2011

Page 5

Inc

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method;

amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Schedule F, Part I, Line 2:

The organization monitors the use of granted funds through on-site visits, which are conducted with every grant recipient. Additionally, recipients are required to undergo a financial audit, and provide financial reports noting accomplishments.

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. 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.

Schedule F, Part IV, Line 5:

The organization does not have a current filing requirement for 8865. Please see Form 5471 for disclosure of Shenyang Brave English Language Training Center in which Sharp Thinking, a wholly owned entity, has a 50% joint venture interest.

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 (Form 990)

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

Opén to Public OMB No 1545-0047

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

Schedule I (Form 990) (2011) Employer identification number 91-1703263 Paith-Based Education aith-Based Education Inspection (h) Purpose of grant or assistance X Yes 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 duplicated if additional space is needed and address of organization (below). If applicable cash grant or government cash are a sistance or government assistance cash grant cash assistance or government cash assistance assistance or government cash are a sistance cash grant cash are a sistance cash grant cash are a cash grant cash assistance cash grant cash are a cash grant cash assistance cash grant cash are a cash grant cash are a cash grant cash assistance cash grant cash are a cash grant Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ٥. °. Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 28,125, 21,750 Management Technologies International Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (c) 3 501 (c) 3 Enter total number of other organizations listed in the line 1 table 31-1043937 22-1717576 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization Louisville, KY 40299 Richardson, TX 75085 Name of the organization 4112 Old Routt Road Department of the Treasury P.O. Box 850357 Team Expansion Internal Revenue Service Christar Partil Part

International	
Technologies	
Management	

Schedule I (Form 990) (2011) Inc | Partill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

91-1703263

(f) Description of non-cash assistance									
(e) Method of valuation (book, FMV, appraisal, other)			additional information.	of granted	ts, and the	review.			
(d) Amount of non- cash assistance			line 2, and any other	s the use	accomplishments,	audit or r			
(c) Amount of cash grant			n required in Part I,	The organization monitors the	noting acc	financial			
(b) Number of recipients			de the informatio	ganizati	reports,	๙			
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Schedule I, Part I, Line 2: The or	ed financial	requirement that each recipient undergo			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

2011

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Inc

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

Management Technologies International

Employer identification number 91-1703263

Questions Regarding Compensation Part I Yes No 1a Check the appropriate 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 Travel for companions Payments for business use of personal residence Tax indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☐ Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee 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. a Receive a severance payment or change-of-control payment? X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b $\overline{\mathbf{x}}$ c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations 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: X a The organization? 5a X **b** Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. 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 a The organization? 6a X b Any related organization? 6h 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 X Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III R X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part il 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	Ì							
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Betirement and	(D)	(E) Total of columns	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	€							
_	€							
	Ξ							
2	€							
	Ξ							
3	(ii)							
	(1)							
4	(ii)							
	Ξ							
ro.	≘							
	Ξ							i
9	≘							
	Ξ							
7	€							
	Θ							
8	(ii)							
	(i)							
6	(ii)							
	Θ							
10	(iii)							
	€							
11	▣							
	Ξ							
12	▣							
	Ξ							
13	▣							
	Ξ							
14	▣							
	Ξ							
15	흳							
	Ξ							
16	Œ							
							Schedu	Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part III | Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part 1, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Form 990 Part VII, Section A, Line 5:

COMPENSATION FROM UNRELATED ORGANIZATIONS

an compensation from in received \$53,385 President, Thong, Chan Kei unrelated foreign exempt organization with similar faith-based purposes to

agreement exists between the A seconding organization. those of the filing

filing organization and the unrelated organization.

Gregg Vossler, Vice President, received \$26,506 in compensation from an

unrelated domestic exempt organization with similar faith-based purposes to

A seconding agreement exists between the those of the filing organization.

filing organization and the unrelated organization.

in compensation from an \$24,576 Vice President, received Peter Regez, unrelated foreign exempt organization with similar faith-based purposes to

A seconding agreement exists between the those of the filing organization.

filing organization and the unrelated organization.

Schedule J (Form 990) 2011

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

2011

Open To Public Inspection

Name of the organization Management Technologies International

Employer identification number

Inc							9	1-17	0326	3	
Part I Excess Benefit	Transacti	ons (sec	tion 501(c)(3) and section	n 501(c)(4) organizatio	ns only).					
Complete if the organ	nization ansv	vered "Ye	s" on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40)b		
1					,					(c) Con	ected?
(a) Name of disc	qualified pers	ion			(b) Description	of transa	ction			Yes	No
					•						
2 Enter the amount of tax impo	sed on the o	organizatio	on manager	s or disqualifi	ed persons during the	year un	der				
section 4958								▶ \$			
3 Enter the amount of tax, if an	y, on line 2,	above, rei	mbursed by	y the organiza	ation			▶ \$			
Part II Loans to and/or	From Int	erested	Persons	S.							
Complete if the organ	nization ansv	vered "Ye	s" on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 38	За			
(a) Name of interested person and purpose		to or from nization?		nal principal mount	(d) Balance due		In ault?	by bo	oroved ard or nittee?	(g) W agree	ritten ment?
	То	From	1			Yes	No	Yes	No	Yes	No
								I			
•											
Total				. > \$	-						
Part III Grants or Assist	tance Bei	nefiting	Interest	ed Person	s.						
Complete if the organ	nızation ansv	vered "Ye	s" on Form	990, Part IV,	line 27.						
(a) Name of interested p	person		(b) Relat		een interested person ganization	and			nount and assistand		f
 											
				==							
· · · · · · · · · · · · · · · · · · ·							+				
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	•						\top				
		-					-			-	

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

Schedule L (Form 990 or 990-EZ) 2011

Management Technologies International

91-1703263 Page 2 Schedule L (Form 990 or 990-EZ) 2011 Inc Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No Geri Smith Family-Officer 27,413.Wages X Patrick Smith Family-Officer 12,313.Wages X Kim Smith Family-Officer 12,313.Wages X Wellspring Mgmt Services Officer-Agent 255,500.Grant X Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions). Part IV, Line 4 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. During the year the reporting organization provided cash and noncash grants to WMS totaling \$255,500.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

Management Technologies International Inc

Employer identification number 91-1703263

Form 990, Part IV, Line 12b: Explanation of Audited Financial Statements The organization receives an annual audit performed by independent auditors using auditing standards generally accepted in the United States of America (U.S. GAAS) and according to accounting standards generally accepted in the United States of America (U.S. GAAP). U.S. GAAS and GAAP are used due to the material amount of activity conducted inside the United States, and compatible financial reporting practices used in other areas of operations, specifically in Asia. FAS 117 is followed by the organization in preparing the financial statements. Of note, \$189,202 of donated services were booked in the audited financial statements, but have been excluded in this Form 990, in accordance with relevant instructions. Form 990, Part V, Lines 1C, 7G & 7H: Other IRS Filings The organization does not sponsor gaming and issued no forms Line 1C: W-2G. The organization did not receive any qualified intellectual property. Line 7H: The organization did not receive any cars, boats, airplanes, or other vehicles. Form 990, Part VI, Section A, line 2: 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.

Employer identification number 91-1703263

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.

Form 990, Part VI, Section B, line 11: 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 reviews 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 the Assistant Treasurer for filing.

Form 990, Part VI, Section B, Line 12c:

- 1. 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 reviewed 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 aware that a proposed transaction or other matter may be a related party transaction or involve an actual or potential conflict of interest. Such disclosures 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, officers, or members of senior management are permitted if they are fair and reasonable to the corporation, in its best interests, and for its own benefit. The board should exercise reasonable due diligence (appropriate to the size and significance of the transaction) in evaluating these factors. It may first consider whether to solicit competing bids in the case of a related party transaction and whether a more advantageous

transaction can be obtained with reasonable effort from a person or entity
that would not give rise to a conflict of interest. The evaluation may be
conducted by the full board, a committee of disinterested directors,
management, or an outside party, including the corporation's auditors,
legal counsel, or outside experts. Such evaluation must occur if there are
concerns about private inurnment or excess benefit transactions.

- 7. Vote on the Transaction: The interested person shall not participate in any vote to approve the transaction. All proposed transactions where there is a potential conflict of interest must be approved by a vote of a majority of disinterested directors.
- 8. Records of the Board: All votes on transactions involving an actual or potential conflict of interest shall record the names of the persons with an interest in the transaction and of the persons who considered whether there is a potential conflict of interest, who evaluated the fairness of the transaction, and who voted on the transaction. Copies of any supporting material or reports shall be attached.
- 9. Disclosures: Any material related-party transactions must be disclosed to the corporation's auditors and in its audited financial statements.
- 10. Violations of the Conflicts of Interest Policy: If the board has reasonable cause to believe that a director, officer, or member of senior management has failed to disclose actual or possible conflicts of interest or pertinent facts concerning the arrangements, it shall inform the officer or director of the basis for such belief and require explanation.

Employer identification number 91-1703263

Form 990, Part VI, Section B, Line 15: 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.

Form 990, Part VI, Section C, Line 18: Management Technologies

International, Inc. makes its Form 1023 and Form 990s available to
interested parties upon written request.

Form 990, Part VI, Section C, Line 19: Disclosure of governing documents, policies, and financial statements are made to interested parties upon written request.

Form 990, Part VII, Column B:

Hours to Related Organization(s)

Officers Thong, Smith, Vossler, Ebeling, Regez, and Murphy each
rendered/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.

Directors G. Harris, Beck, R. Harris, Doden, Jeong, Winkler, Cragin,
and Goff each contributed 1 hour per week, on average, to related
organizations.

Form 990, Part VII, Column F:

Explanation of Other Compensation

Form 990, Part XII, Line 2c:

Explanation of Audit Committee

The organization maintains an audit committee which is responsible for oversight of the audit process and selection of the independent accounting firm used. This process has not changed from the previous year.

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

Management Technologies International ► Attach to Form 990.

► See separate instructions.

2011 Open to Public Inspection

OMB No 1545-0047

Employer identification number 91-1703263

Inc Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

(g) Section 512(b)(13)	(f) Direct controlling	(e) Dublic chamb	(d)	(c)	(b)	(a)	
npt	iore related tax-exer	use it had one or m	Part IV, line 34 beca	e if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	tions (Complete if the organization ar	II Identification of Related Tax-Exempt Organizations (Complete organizations during the tax year.)	Part II
entrry	ia i			foreign country)		of disregarded entity	
Direct controlling		End-of-year assets	Total income	Legal domicile (state or	Primary activity	Name, address, and EIN	
(J)		(0)	(P)	(0)	(q)	(a)	

or Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2011

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controlled entity? Yes

Direct controlling

status (if section Public charity

Exempt Code

Legal domicile (state or foreign country)

Primary activity

Name, address, and EIN of related organization

section

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Line 7

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Illinois

Faith-Based Education

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501(c)3

North Carolina

Faith-Based Education

75-3130029, 16335 Highway 34 East, Ste B, International Schools Consortium Inc.

30265

Newnan, GA

LDI Poundation, Inc. - 36-4175586

16335 Highway 34 East, Ste B

Newman, GA 30265

echnologies **fanagement**

See Part VII for Continuations

132161 01-23-12 LHA

Management Technologies International

Schedule R (Form 990) 2011 Inc

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

Page 2

91-1703263

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	income elated, tax under 2-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	UBI General or managing bather 1065) Yes No	(j) (k) General or Percentage managing partner?
						_					
							1				
							•				
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ganizations Taxable as rporation or trust during	a Corpo the tax y	ration or Trust (Con ear.)	nplete if the o	rganizatio	n answered "Yes"	to Form 990, Par	t IV, line 34	because it	had one or n	ore related
(a)			(q)		(c)	(p)	(e)	(J)		(B)	E
Name, address, and EIN of related organization	N. c		Primary activity		Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Share of end-of-year assets	Percentage ownership
Sharp Thinking Int'l (Qingdao) Co,	Co, Ltd				ž	fanagement					
Room 405 Jinguang Bldg, #56, Xiang	iang				Ĥ	[echnologies					
Qingdao, Shandong, CHINA 266071	71		ducation	China		International		83	832,096.	1,873,212	100.008
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Schedule R (Form 990) 2011

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Management Technologies International

Schedule R (Form 990) 2011 Inc

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

				ь.
Note: Complete line I if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more r	elated organizations listed	in Parts II-IV?	Yes
a Receipt of (I) interest (II) annuities (III) royalties or (Iv) rent from a controlled entity				Ta X
b Gift, grant, or capital contribution to related organization(s)		•		1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
 Loans or loan guarantees by related organization(s) 				1e X
f Sale of assets to related organization(s)				×
g Purchase of assets from related organization(s)		•		1 ₉
		•		
i Lease of facilities, equipment, or other assets to related organization(s)				T X
j Lease of facilities, equipment, or other assets from related organization(s)				×
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		:	\dashv
 Performance of services or membership or fundraising solicitations by related organization(s) 	anization(s)	٠		× > = ,
m Sharing of facilities, equipment, mailing lists, of other assets with related organization(s) in Sharing of paid employees with related organization(s)	lion(s)			E F
		•		₩
				10 X
p Heimbursement paid by related organization(s) for expenses				d d
 Qther transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s) 				10 x
s for inf	who must complete t	his line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) LDI Foundation, Inc.	၁	927,567.	Cost	
(2)				
(3)				
(4)				
(5)				
(9)				
132163 01-23-12			Schedule	Schedule R (Form 990) 2011

91-1703263

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Management Technologies International

Inc Schedule R (Form 990) 2011 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

 €	Dispropor- Code V-UBI General or Percentage unata amount in box 20 managing ownership allocations? of Schedule K-1																							
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(6)	Share of end-of-year assets																							
(₽.=																							
	Are all partners sec 501(c)(3) orgs.?	2				 																		_
ٽا .	Partner 501 (Yes						 																
(d)	Predominant income partiers sec (related, unrelated, 501(c)(3) excluded from tax ongs.																							
(c)	Legal domicile (state or foreign country)																							
(q)	ctivity																							
(a) (b) (c) (d) (d)	Name, address, and EIN of entity																							

Schedule R (Form 990) 2011

Management Technologies International

Schedule R (Form 990) 2011 Inc	91-1703263 Page 5
Part VII Supplemental Information	
Complete this part to provide additional information for responses to questions on Schedule R (see instruc	ctions).
Part II, Identification of Related Tax-Exempt Organizations	:
Name of Related Organization:	
LDI Foundation, Inc.	
Direct Controlling Entity: Management Technologies Internat	ional Inc.
Name of Related Organization:	
International Schools Consortium Inc.	
Direct Controlling Entity: Management Technologies Internat	ional Inc.
Part IV, Identification of Related Organizations Taxable as	Corp or Trust:
Name of Related Organization:	
Sharp Thinking Int'l (Qingdao) Co, Ltd	
Direct Controlling Entity: Management Technologies Internat	ional Inc.

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• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this	box		► X							
	ly complete Part II if you have already been granted an a			ed Form 8	868.								
	are filing for an Automatic 3-Month Extension, comple												
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	opies need	led).							
			Enter filer's	identifyin	g number, se	e instructions							
Type or	Name of exempt organization or other filer, see instru			Employer	identification	number (EIN) or							
print	Management Technologies Inte	ernat	ional										
File by the	Inc			X	91-170	3263							
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1635 Highway 34 East, Ste B	ee instruc	tions.	Social sec	curity number	(SSN)							
instructions		oreign add	iress, see instructions.										
	Newnan, GA 30265												
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Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			01							
Applicat	ion	Return	Application			Return							
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Form 99)	01											
Form 99	D-BL	02	Form 1041-A			08							
Form 99	D-EZ	01	Form 4720			09							
Form 99	D-PF	04	Form 5227			10							
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11							
Form 99	0-T (trust other than above)	06	Form 8870		_	12							
Cathy Murphy													
• The b	ooks are in the care of ▶ 1635 Highway 3	4 Eas	t, Ste B - Newnan,	GA 3	0265								
Telep	hone No. ► 770-683-0808		FAX No. ▶										
If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			. ▶ 🔲							
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	the whole g	oup, check this							
box 🕨	. If It is for part of the group, check this box 🕨 🔛	and atta	ach a list with the names and EINs of	all memb	ers the exten	sion is for.							
4 in	equest an additional 3-month extension of time until		15, 2013										
5 Fo	r calendar year, or other tax year beginning	JUL 1	, 2011 , and endin	g_JUN	30, 20	12 .							
8 If 1	he tax year entered in line 5 is for less than 12 months, o	check reas	son: Initial return	🔲 Final r	etum								
	Change in accounting period												
	ate in detail why you need the extension												
	DDITIONAL TIME IS NEEDED TO	GATHE	R AND ANALYZE ACCO	UNTIN	G DATA	TO							
<u>P</u>	REPARE AN ACCURATE RETURN.												
		<u>.</u>											
8a lft	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any										
no	nrefundable credits. See instructions.			8a	\$								
b If	this application is for Form 990-PF, 990-T, 4720, or 6089,	enter any	refundable credits and estimated										
ta	x payments made. Include any prior year overpayment a	lowed as	a credit and any amount paid										
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c Ba	alance due. Subtract line 8b from line 8a. Include your p	ayment wi	th this form, if required, by using	ĺ									
	TPS (Electronic Federal Tax Payment System). See Instr		, , , ,	8c	\$	0.							
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Under pe	naities of pengry, I declare that I have examined this form, include correct, and complete, and that I am authorized by real-sell this f				f my knowledg	e and bellef,							
Signature			PARTNER			-1 - 28/2							
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