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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)

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

OMB No 1545-0047 2012

Open to Public Inspection

<u>A 1</u>	or the	2012 calendar year, or tax year beginning Juli 1, 2012 and	enaing J	UN 30, 2013			
В	Check if applicable	C Name of organization		D Employer identif	fication number		
_		Management Technologies International,		·			
	Address	inc.					
	Name change	Doing Business As Leadership Development International		91-17	03263		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numb	er		
	Termin- ated	1000 highway 54 2450	3	770-6	83-0808		
	Amende return	City, town, or post office, state, and ZIP code		G Gross receipts \$ 2,719,77			
	Applica tion	Newhan, GA 30203		H(a) Is this a group			
	pending	F Name and address of principal officer:Chan Rei Thong		for affiliates?	<u></u> Yes <u>≭</u> No		
		same as C above		H(b) Are all affiliates in	ncluded? Yes No		
		mpt status: X 501(c)(3) 501(c) ()	or 527	If "No," attach	a list. (see instructions)		
		www.LDiChina.com		H(c) Group exempti	on number 🕨		
		organization: X Corporation Trust Association Other	∟ Year	of formation: 1995	M State of legal domicile; NC		
Pi		Summary					
_	1 8	Briefly describe the organization's mission or most significant activities: Faith-	oased edu	cation and			
Š	1	raining: To promote a culture of integrity to urban profess		•			
r s	2 0	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net	așsets.		
o Ve	S	lumber of voting members of the governing body (Part VI, line 1a)		3	8		
Ğ	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	8		
Se	5 7	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	48		
Activities & Governance	6 7	otal number of volunteers (estimate if necessary)		6	40		
Ę	7a1	otal unrelated business revenue from Part VIII, column (C), line 12		78	0.		
⋖	1 0	let unrelated business taxable income from Form 990-T, line 34		71	0.		
	1			Prior Year	Current Year		
Revenue	8 (Contributions and grants (Part VIII, line 1h)		927,567	1,128,187.		
		Program service revenue (Part VIII, line 2g)	1,775,985	. 1,585,951.			
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		525	<3,069.		
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,665	. 1,671.		
	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,705,742	2,712,740.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		351,625	. 361,855.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.		
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,272,110	. 1,242,365.		
Expenses	16a F	Professional fundraising fees (Part-IX, column (A), line 11e)		0	. 0.		
pe	ь т		327.				
û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,275,404	. 1,225,513.		
		otal expenses. Add lines 13-17 (must equal Part) கிcoliயுற்ற (A), line 25)		2,899,139	. 2,829,733.		
		Revenue less expenses Subtract line 18 from line 12	Г	<193,397	<116,993.		
o g	3	100	Ве	ginning of Current Year	End of Year		
sets	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)		3,924,005	4,204,994.		
ASS	21	Total liabilities (Part X, line 26)		1,259,296	. 1,657,278.		
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20		2,664,709	2,547,716.		
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is		
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	Λ		
		Landy Edelina		Marc	1 26 2014		
Sig	ın	Signature of officer		Date	~		
He	I	Randy Ebeling, Vice President					
	.	Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	id	David C. Moja	1074	3/13/14 If self-empl	oyed ₽00747006		
Pre	parer	Firm's name Capin Crouse LLP		Firm's EIN	36-3990892		
Use	e Only	Firm's address 1255 Lakes Parkway, STE 130					
		Lawrenceville, GA 30043		Phone no.	578-518-5301		
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Management Technologies International,

Form	990 (2012) Inc.	91-170326	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		X
1	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.		
		_	
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the pnor Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	1	Yes X No
3			
4	If "Yes," describe these changes on Schedule O.	money rod by	ovnoncos
4	Describe the organization's program service accomplishments for each of its three largest program services, as	=	•
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, trie total e	kpenses, and
_	revenue, if any, for each program service reported.		1,587,248.)
4a	(Code) (Expenses \$1,163,891. including grants of \$314,309.) (Reven	sue \$	1,307,240.
	Education and Training - Provided/Supported faith-based English		
	language, education and business training programs in Asia. Recruited,		
	trained and sent over 80 teachers and field staff (foreign and		
	national) to six international schools (K-12), with more than 1,680		
	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 20 participants,		
	with an additional 400 national teachers and parents and 40 graduate		
	level national students trained through specific outreach events and		
	curriculum based programs. Faith-based experiential education reached		
	over 1,200 participants. Faith-based business training/coaching		
	reached over 700 participants. English Language Training served over		
4b	(Code) (Expenses \$ 796,249. including grants of \$ 47,546.) (Reven	iue \$)
	Mobilization - Mobilized and assisted over 140 teachers, volunteers and		
	staff members who serve in faith-based initiatives in East Asia, and		
	beyond, or who serve in support of faith-based initiatives in East		
	Asia, and beyond.		
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$)
		-	
		•	
			·
4d	Other program services (Describe in Schedule O.)		·-
-7-4	(Expenses \$ including grants of \$) (Revenue \$)
4e	1 960 140		
			Form 990 (2012)

91-1703263

Form 990 (2012) Inc.

Part, IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			-110
-	If "Yes." complete Schedule A	1	х	ŀ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	_
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			<u> </u>
•	dunng 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	_		 -
0	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,			
'		7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			х
_	\cdot	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
40	If "Yes," complete Schedule D, Part IV	9		 ^-
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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 and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
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 Schedule F, Parts I and IV	14b	х	
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	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			١
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L

Par	rt IV Checklist of Required Schedules (continued)			ay o -
			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		х
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			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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	の大変	4 .5	د انځونه ه اد
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	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,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		i	.,
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		х
24	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	24	х	
250	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	-	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	550		<u> </u>
-	If "Yes," complete Schedule R, Part V, line 2	36		х
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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response to any question in this Part V Х Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11 1a 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 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 48 ** * * 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) x 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? X 4a 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a x b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 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 as charitable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b Organizations that may receive deductible contributions under section 170(c). x a 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 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 х to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year x Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 Sponsoring organizations maintaining donor advised funds. Sign 1 N/A a Did the organization make any taxable distributions under section 4966? 9a N/A b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: N/A Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: N/A a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. N/A a Is the organization licensed to issue qualified health plans in more than one state? 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 organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Form 990 (2012)

Inc.

91-1703263

Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 91-1703263 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			х		
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					
	If there are material differences in voting rights among members of the governing body, or if the governing	1				
	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					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	COSTAND CONTROL	garanga Saranga	, pycycuda		
_	officer, director, trustee, or key employee?	2	X	23.0		
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?	з		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х		
6	Did the organization have members or stockholders?	6		х		
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	<u> </u>				
. –	more members of the governing body?	7a		х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or					
_	persons other than the governing body?	7b		х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7745	, , , , , , , , , , , , , , , , , , ,	7.7.		
	The governing body?	8a	x			
ь	Each committee with authority to act on behalf of the governing body?	8b	х			
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		х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)					
			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a		х		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,					
-	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			
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a						
b	181	12b	х			
c	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	х			
14	Did the organization have a written document retention and destruction policy?	14	х			
15	Did the process for determining compensation of the following persons include a review and approval by independent	A 18	4	. ~ `		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	•			
а	The organization's CEO, Executive Director, or top management official	15a	х			
b	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).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			l		
	taxable entity during the year?	16a	х			
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	e - 25	· 3	المستونية المستونية		
	exempt status with respect to such arrangements?	16b	х			
Sec	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)	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finar	ncial			
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ition: 🕨	-			
	Cathy Murphy - 770-683-0808					
	1635 Highway 34 East, Ste B, Newnan, GA 30265					

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

Х

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 (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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.

week ((list any hours for related organizations below line) week ((list any hours for related organizations below line) week ((list any hours for related organizations below line)	the organization (W-2/1099-MISC) (W-2/1099-MISC)	other compensation from the organization and related
	!	organizations
(1) Chan Kei Thong 32.00		
President & Director 8.00 X X	0. 0.	0.
(2) Grahame Harris 1.00		
Board Chairman 1.00 X X	0. 0.	0.
(3) Ron Harris 1.00		
Director 1,00 X	0. 0.	0.
(4) Thomas Beck 1.00		
Director 1.00 X	0. 0.	0.
(5) Laurie Doden 1.00		
Director 1.00 X	0.	0.
(6) Insoo Jeong 1.00		
Director 1.00 X	0.	0.
(7) John Cragin 1.00		
Director (Part Year) 1.00 X	0.	0.
(8) Goh Kng Yan 1.00		
Director 1.00 X	0. 0.	0.
(9) Thomas Winkler 1.00		
Director 1.00 X	0.	0.
(10) Roy Smith 32.00		
Vice-President 8.00 X	19,519.	6,839.
(11) Gregg Vossler 32.00		
Vice-President 8.00 X	0.	0.
(12) Randy Ebeling 32.00		
Vice-President 8.00 X	50,362.	3,474.
(13) Peter Regez 32.00		
Vice-President 8.00 X	0. 10,840.	0.
(14) Martin Klopper 32.00		
Vice-President 8.00 X	0. 14,864.	0.
(15) Scott Finnamore 32.00		
vice-President 8.00 X	0. 0.	0.
(16) Cathy Murphy 32.00		
Treasurer 8.00 X	68,200. 0.	2,384.

Form	990 (2012)	Inc.								·	91-1703	263		P	age 8
Par				ploy	ees	, and	d Hi	ghe	st C	ompensated Employe					
	(A) Name ar		(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
_			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om th anıza d relat anızat	ie tion ted
				_	_									_	
_					<u> </u>										
								_	_			_			
				<u> </u>				_				_			
							-	ļ							
													-		
	· · · · ·	<u>.</u>							_				-		
	1b Sub-total 138,081. 25,704 C. Total from continuation sheets to Part VII. Section A 0.								04.	. 12,69					
	Total (add lines 1b			2000	hoto			<u> </u>		138,081. eceived more than \$100	25,7	04.		12	0 ,697
		the organization	iot iiiiited to ti	1036	liste	- a		3) WI	10 16	eceived more triain \$ 100				Yes	No
3	-	n list any former officer, <i>mplete Schedule J for s</i>		ustee	ə, ke	y en	nplo	yee,	or I	highest compensated e	mployee on	F	3		x
4		sted on line 1a, is the si ations greater than \$15								her compensation from for such individual	the organization	-	4		х
5	- · ·	ed on line 1a receive or anization? If "Yes," com	•				-		elat	ed organization or indiv	dual for services		5	x	
	ion B. Independent										*				
1										hat received more than the organization's tax	•	oensa	ation i	rom	
		(A) Name and business	address	NO	NE					(B) Description of s	ervices	C	(C ompe		n
									_						
					-				\downarrow						
	Total number of ind	ependent contractors (includina but n	ot lu	mite	d to	thos	se lu	sted	l above) who received m	nore than				
		nsation from the organ	-					0							

Management Technologies International Form 990 (2012) Inc. 91-1703263 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII X Revenue excluded from tax under sections 512, 513, or 514 Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 1,121,608. 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 6,579 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 1,128,187. h Total. Add lines 1a-1f **Business Code** 611710 Program Service Revenue 2 a Education/Support Svcs 1,585,951 1,585,951 f All other program service revenue 1,585,951 g Total. Add lines 2a-2f Investment income (including dividends, interest, and 417 other similar amounts) 417. Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities assets other than inventory b Less: cost or other basis 3,486 and sales expenses <3,486. 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 а **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 а b Less: direct expenses c Net income or (loss) from gaming activities ▶ 10 a Gross sales of inventory, less returns 4,841 and allowances 3 544. b Less: cost of goods sold c Net income or (loss) from sales of inventory 1,297 1,297

Business Code

374

374.

1,587,248.

2,712,740.

611710

b c Miscellaneous Revenue

11 a Currency Translation

Total. Add lines 11a-11d

Total revenue. See instructions.

d All other revenue

374.

<2,695.>

Page 10

Form 990 (2012)

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).

	Check if Schedule O contains a respon-	se to any question in this			
	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	47,546.	47,546.		
2	Grants and other assistance to individuals in		- .		
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				· · · · · · · · · · · · · · · · · · ·
	organizations, and individuals outside the			数 第二	• 1
	United States. See Part IV, lines 15 and 16	314,309.	314,309.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	137,647.	27,529.	89,471.	20,647
6	Compensation not included above, to disqualified		_		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	52,980.	50,331.		2,649.
7	Other salanes and wages	878,471.	644,201.	216,247.	18,023,
8	Pension plan accruals and contributions (include	j			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	71,675.	48,471.	20,441.	2,763.
10	Payroll taxes	101,592.	68,615.	29,051.	3,926.
11	Fees for services (non-employees)				
а	Management				
b	Legal .	108,760.		108,760.	
C	Accounting	51,272.		51,272.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	311,988.	198,960.	113,028.	<u> </u>
12	Advertising and promotion	20,079.	19,219.		860.
13	Office expenses	51,219.	33,478.	15,569.	2,172.
14	Information technology	31,537.	12,615.	18,021.	901.
15	Royalties				
16	Occupancy	90,697.	36,532.	51,586.	2,579.
17	Travel	182,134.	134,579.	29,698.	17,857.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	81,337.	80,049.	1,040.	248.
20	Interest				
21	Payments to affiliates	30.005	4		
22	Depreciation, depletion, and amortization	39,935.	17,547.	21,322.	1,066.
23	Insurance Other eveness ltemus eveness not envered	23,459.	9,803.	13,006.	650.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line			İ	
	24e amount exceeds 10% of line 25, column (A)		44	~	
	amount, list line 24e expenses on Schedule O.) Orientation/Training	106 414	124 105		
a		126,414.	124,105.	564.	1,745.
b	Foreign Taxes Other Miscellaneous	25,735.	67,945.	1 100	
C	Bank Charges	13,002.	24,306.	1,188.	241.
d		13,002.		13,002.	
е 25	All other expenses	2,829,733.	1,960,140.	702 255	86 30-
<u>25</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	4,049,133.	1,900,140.	793,266.	76,327.
26					
	reported in column (B) joint costs from a combined	į			
	educational campaign and fundraising solicitation. Check here fif following SOP 98-2 (ASC 958-720)			İ	
	Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response to any	y ques	tion in this Part X			
			_		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,297,836.	1	1,685,649.
	2	Savings and temporary cash investments			61,626.	2	62,044.
	3	Pledges and grants receivable, net		[3	
	4	Accounts receivable, net		. [307,406.	4	220,110.
	5	Loans and other receivables from current and for	ormer d	officers, directors,			
		trustees, key employees, and highest compensations	nployees. Complete				
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instr).		6_			
Assets	7	Notes and loans receivable, net				7	
Ass	8	Inventones for sale or use		16,102.	8	12,075.	
	9	Prepaid expenses and deferred charges		17,790.	9	18,964.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	398,232.			
	b	Less: accumulated depreciation	10b	230,474.	57,366.	10c	167,758.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		2,153,577.	13	2,026,092.	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			12,302.	15	12,302.
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	3,924,005.	16	4,204,994.
	17	Accounts payable and accrued expenses			560,745.	17	833,083.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former					
ja de		key employees, highest compensated employee	es, and	disqualified persons.			
_		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		· -		23	
	24	Unsecured notes and loans payable to unrelate		·		24	
	25	Other liabilities (including federal income tax, pa	•				
	1	parties, and other liabilities not included on lines	s 17-24). Complete Part X of	COO 554		204 405
		Schedule D		-	698,551.	25	824,195.
	26	Total liabilities. Add lines 17 through 25			1,259,296.	26	1,657,278.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🗓 and			
Ses	l	complete lines 27 through 29, and lines 33 ar	nd 34.		2 201 560		1 702 056
au	27	Unrestricted net assets		-	2,091,560.	27	1,793,956.
Ba	28	Temporanly restricted net assets			573,149.	28	753,760.
밀	29	Permanently restricted net assets		~ . _		29	
£		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
8		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		 		30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds .	2 664 700	32	0 547 716
_	33	Total net assets or fund balances	-	2,664,709.	33	2,547,716.	
	34	Total liabilities and net assets/fund balances			3,924,005.	34	4,204,994.

Management Technologies International,

Form	990 (2012) Inc.	91-:	1703263	F	Page 12
Pa	rt,XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			<u>-</u> _	
		1 . 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			2,740.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> </u>	9,733.
3	Revenue less expenses. Subtract line 2 from line 1	3			6,993.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2,66	4,709.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities .	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		2,54	<u>7,716.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			<u>.</u>	_ <u>x_</u>
			_	Ye	s No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	88	R 2 254	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a	3		# 20T
	separate basis, consolidated basis, or both:		.	1	3
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		L	2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basi	s,	-	. [
	consolidated basis, or both:		ر د	- 155	ř -±
	Separate basis X Consolidated basis Both consolidated and separate basis				1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audr	t, 👺	談書家於	李子
	review, or compilation of its financial statements and selection of an independent accountant?			2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (o. 🖺	; r ,	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit	,	
	Act and OMB Circular A-133?			3a	х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdıt 🗀		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Ш.
			F	orm 99	0 (2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

Management Technologies International,

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		Inc.							9:	1-170326 <u>3</u>		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	through	11, check	only one b	ox.)					
1 🗀	A church, cor	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)).				
2 X	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4 🗀	A medical res	search organization	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	i's nan	ne,
	city, and stat	e:										
5 🗔	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	t describ	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental und	t describe	d ın sectio	n 170(b)(1	I)(A)(v).					
7 📖	An organizati	on that normally rec	eives a substantial part i	of its supp	ort from a	governme	ental unit c	or from the	general	public desc	nbed	ın
	section 170(b)(1)(A)(vi). (Comple	te Part II.)									
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	ınd gross re	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın excepti	ons, and (2) no more	than 33 1	1/3% of its	suppor	t from gross	inves	tment
	income and i	unrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	30, 19	75.
	See section	509(a)(2). (Complete	Part III.)									
10	An organizati	on organized and op	perated exclusively to te	st for publ	ıc safety. S	See sect io	n 509(a)(4	1).				
11 📖	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)([·]	1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple	ete lınes 1	1e through	11h.						
	a Type I	ı b	/peⅡ c L_J Ty	ype III - Fu	nctionally	integrated	c	і — Тур	e III - No	n-functional	ly inte	grated
e 📖	•	•	it the organization is not		-	-	-		•	•		an
		•	han one or more publicly		_				9(a)(1) or	section 509	}(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	+	rganization, check th		-								L
g	•		organization accepted ar			•		• •				
	• • •	•	irectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (iii) below	`	Yes	No
	•	•	upported organization?							11g(i)	├─-	
		•	n described in (i) above?		_					11g(ii)	T	
			person described in (i) o	• •						11g(iii)	Ь	
h	Provide the f	ollowing information	about the supported or	ganization	(S).							
			T	/!\ lo +bo a		(A) D.d		(vi) Is	the	1		
• •	of supported	(ii) EIN			organization sted in your		inotify the	Lorganizátic	on in col.	(vii) Amount		netary
orga	anization		above or IRC section		document?		support?	(i) organiz U.S	ea in the	l sub	port	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
						100		1.00	110			
								 				
							į					
			<u> </u>									
										1		
									-			
	-											
Total_				<u> </u>				<u> </u>				

Schedule A (Form 990 or 990-EZ) 2012

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and	-	_				
	membership fees received. (Do not						
	include any "unusual grants.")			<u> </u>			
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						· ·
	by each person (other than a				1		
	governmental unit or publicly				•		
	supported organization) included						
	on line 1 that exceeds 2% of the	, ,	*	1 1004	ا بغاد عام ا العام العام الع		
	amount shown on line 11,					=	
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support					·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10			<u></u>	<u>.</u>		
	Gross receipts from related activities,		•	•		12	
13	First five years. If the Form 990 is for	•	s first, second, the	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —
Sec	organization, check this box and storetion C. Computation of Publ	o here ic Support Pe	rcentage		·-·		<u> </u>
	Public support percentage for 2012 (column (fl)		14	%
	Public support percentage from 2011	_		50.dii		15	
	33 1/3% support test - 2012. If the d			n line 13, and line	14 is 33 1/3% or n		·
	stop here. The organization qualifies	•		•		,	▶ □
b	33 1/3% support test - 2011. If the		=		line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes	· · · · · · · · · · · · · · · · · · ·	· ·		13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	30.	▶□
b	10% -facts-and-circumstances tes	_			-	17a, and line 15 is	10% or
	more, and if the organization meets the	_				•	
	organization meets the "facts-and-circ						ightharpoons
18	Private foundation. If the organization		-	•			s
						dule A (Form 990	

Schedule A (Form 990 or 990 EZ) 2012 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

Se	ction A. Public Support	elow, please com	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(5) 3333	(3)2000	(9/2010	(2)		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to 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						
	a Amounts included on lines 1, 2, and 3 received from disqualified persons 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		<u> </u>				
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.) ction B. Total Support		<u> </u>		<u> </u>	1	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(2) 2000	(2) 2000	(0) 2010	(2) 2011	(0)2012	(i) rotal
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization'	e first second the	d fourth or fifth to	av vear as a section	1 20 501(a)(2) args=1	votion.
	check this box and stop here	are organization:	a mar, second, thir	a, iouitri, or iiitri ti	an year as a section	on ou i(c)(o) organiz	auon,
Se	ction C. Computation of Publ	ic Support Pe	ercentage	.		•	
	Public support percentage for 2012 (I		·	column (fl)		15	04
	Public support percentage from 2011			Joidinin (i))		16	<u>%</u> %
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2	•	,,	10 10, 0014/11/ (1),		18	
	a 33 1/3% support tests - 2012. If the			on line 14, and line	a 15 is more than		
	more than 33 1/3%, check this box a						▶ □
t	33 1/3% support tests - 2011. If the		-				and
	line 18 is not more than 33 1/3%, che					-	
20	Private foundation. If the organization					-	

Worksheet A - Foreign Base Company Income and Insurance Income and Summary of U.S. Shareholder's Pro Rata Share of Subpart F Income of a CFC

Enter the amounts on lines 1a through 38a in functional currency. Gross foreign personal holding company income: a Dividends, interest, royalties, rents, and annuities (section 954(c)(1)(A) (excluding amounts described in sections 954(c)(2), (3), and (6))) 102,436 1a 1b b Excess of gains over losses from certain property transactions (section 954(c)(1)(B)) c Excess of gains over losses from commodity transactions (section 954(c)(1)(C)) 10 69.076 d Excess of foreign currency gains over foreign currency losses (section 954(c)(1)(D)) 1d e Income equivalent to interest (section 954(c)(1)(E)) 1e f Net income from a notional principal contract (section 954(c)(1)(F)) 1f g Payments in lieu of dividends (section 954(c)(1)(G)) 1g h Certain amounts received for services under personal service contracts (see section 954(c)(1)(H)) i Certain amounts from sales of partnership interests to which the look-through rule of section 954(c)(4) applies 1i 2 Gross foreign personal holding company income. Add lines 1a through 1i 171,512. 3 Gross foreign base company sales income (see section 954(d)) 3 Gross foreign base company services income (see section 954(e)) 15,335,584. 5 Gross foreign base company oil-related income (see section 954(g)) after application of section 954(b)(6) 5 15,507,096. 6 Gross foreign base company income. Add lines 2 through 5 6 7 Gross insurance income (see sections 953 and 954(b)(3)(C) and the instructions for lines 20 and 21) 7 15,507,096. 8 Gross foreign base company income and gross insurance income. Add lines 6 and 7 8 9 Enter 5% of total gross income (as computed for income tax purposes) 9 775,355. 10 10,854,967. 10 Enter 70% of total gross income (as computed for income tax purposes) 11 If line 8 is less than line 9 and less than \$1 million, enter -0- on this line and skip lines 12 through 21 11 12 If line 8 is more than line 10, enter total gross income (as computed for income tax purposes) 12 15,507,096. 13 Total adjusted gross foreign base company income and insurance income (enter the greater 13 15,507,096. of line 8 or line 12) 14 Adjusted net foreign personal holding company income: 171,512 a Enter amount from line 2 14a **b** Expenses directly related to amount on line 2 14b c Subtract line 14b from line 14a 14c 171,512. d Related person interest expense (see section 954(b)(5)) 14d e Other expenses allocated and apportioned to the amount on line 2 under section 954(b)(5) 14e f Net foreign personal holding company income. Subtract the sum of 171,512 lines 14d and 14e from line 14c 14f g Net foreign personal holding company income excluded under high-tax exception 14g h Subtract line 14g from line 14f 14h 171,512. 15 Adjusted net foreign base company sales income: a Enter amount from line 3 15a b Expenses allocated and apportioned to the amount on line 3 under 15b section 954(b)(5) 15c c Net foreign base company sales income. Subtract line 15b from line 15a d Net foreign base company sales income excluded under high-tax exception 15d e Subtract line 15d from line 15c 15e 16 Adjusted net foreign base company services income: 15,335,584 a Enter amount from line 4 16a 9,664,120 16b **b** Expenses allocated and apportioned to line 4 under section 954(b)(5) 5,671,464, c Net foreign base company services income. Subtract line 16b from line 16a 16c d Net foreign base company services income excluded under high-tax exception 16d e Subtract line 16d from line 16c 5,671,464.

<u> Wo</u>	rksheet A (continued)				
17	Adjusted net foreign base company oil-related income:		-		
a	Enter amount from line 5	17a			
b	Expenses allocated and apportioned to line 5 under section 954(b)(5)	17b			
C	Subtract line 17b from line 17a			17c	
18	Adjusted net full inclusion foreign base company income:				
	Enter the excess, if any, of line 12 over line 8	18a			
b	Expenses allocated and apportioned under section 954(b)(5)	18b			
C	Net full inclusion foreign base company income. Subtract line 18b from			- 6	
	line 18a	18c			
d	Net full inclusion foreign base company income excluded under				
	high-tax exception	18d			
е	Subtract line 18d from line 18c			18e	
19	Adjusted net foreign base company income. Add lines 14h, 15e, 16e, 17c, and 18e			19	5,842,976.
20	Adjusted net insurance income (other than related person insurance income):				
а	Enter amount from line 7 (other than related person insurance income)	20a			
b	Expenses allocated and apportioned to the amount from line 7 under			3	
	section 953	20b		79 32 SA	
-	Net insurance income. Subtract line 20b from line 20a	20c		ALTERNATION AND AND AND AND AND AND AND AND AND AN	
d	Net insurance income excluded under high-tax exception	20d			
е	Subtract line 20d from line 20c			20e	·
	Adjusted net related person insurance income:				
	Enter amount from line 7 that is related person insurance income	21a			
b	Expenses allocated and apportioned to related person insurance				
	income under section 953	21b	- 		
	Net related person insurance income. Subtract line 21b from line 21a	21c		- **	
	Net related person insurance income excluded under high-tax exception	21d	-	حتجد يخديد	
	Subtract line 21d from line 21c			21e	
	International boycott income (section 952(a)(3))			22	
23	Illegal bribes, kickbacks, and other payments (section 952(a)(4))			23	<u> </u>
	Income described in section 952(a)(5) (see instructions)	n 10		24	
20	Subpart F income before application of sections 952(b) and (c) and section 959(b). Add line 20e, 21e, and 22 through 24	5 19,		25	5,842,976.
26	Enter portion of line 25 that is U.S. source income effectively			25	3,042,370.
20	connected with a U.S. trade or business (section 952(b))	26			
27	Exclusions under section 959(b)	27		ا ا	
	Total subpart F income. Subtract the sum of lines 26 and 27 from line 25	<u> </u>		28	5,842,976.
	Current E&P			29	5,609,822.
	Enter the smaller of line 28 or line 29			30	5,609,822.
31	Shareholder's pro rata share of line 30	31	5,609,822.	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
32	·	32	- · <u>- · · · · · · · · · · · · · · · · ·</u>	i	
33	Subtract line 32 from line 31	33	5,609,822.	1	
34				1	
	by the number of days in the tax year and multiply the result by line 33	34	5,609,822.		
35	Dividends paid to any other person with respect to your stock during		_		
	the tax year	35		4 15	
36	Divide the number of days in the tax year you did not own such stock by		- -		
	the number of days in the tax year and multiply the result by line 33	36		_ ^ ~	
37	Enter the smaller of line 35 or line 36	37			
	Shareholder's pro rata share of subpart F income. Subtract line 37 from line 34			38a	5,609,822.
b	Translate the amount on line 38a from functional currency to U.S. dollars at the average				
	exchange rate. See section 989(b). Enter the result here and on line 1, Schedule i	Rate	6,251800	38b	897,313.

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Management Technologies International,

Inc

Employer identification number 91-1703263

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fi	unds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	•	
·	for chantable purposes and not for the benefit of the donor	<u> </u>	•
	impermissible private benefit?	or derior advisor, or for any other purpose com	Yes No
Pai		ganization answered "Yes" to Form 990, Part I	
1	Purpose(s) of conservation easements held by the organizat		11, 11.0 1.
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	•
	Preservation of open space	Preservation of a certified	Thistoric structure
^	•	find conceniation contribution in the form of a	concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a quali	med 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
_	Total number of concentation accompany		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	musture unelusied in (a)	2b
C	Number of conservation easements on a certified historic sti		2c
a	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure]
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	meased, extinguished, or terminated by the org	ganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(n)(4	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat	•	
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes the c	organization's accounting for
Do	conservation easements. rt III Organizations Maintaining Collections of	of Art Historical Transuras or Otho	r Similar Assats
Га			o Similar Assets.
	Complete if the organization answered "Yes" to Form		
па	If the organization elected, as permitted under SFAS 116 (A	•	•
	historical treasures, or other similar assets held for public ex		of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
þ	If the organization elected, as permitted under SFAS 116 (AS	•	•
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public s	service, provide the following amounts
	relating to these items:		> 0
	(i) Revenues included in Form 990, Part VIII, line 1	-	*
_	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical tre		n, provide
	the following amounts required to be reported under SFAS 1	116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		5
b	Assets included in Form 990, Part X		▶ \$

7,975

264,625.

125,632.

167,758. Schedule D (Form 990) 2012

3,397.

40 195.

124,166.

4.578

466

224,430

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

d Equipment

e Other

Tarest Elaborated Coot offices, tares, into 20:		
1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Due to International Schools	824,195.	
(3)		
(4)		
(5)		THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S
(6)		
(7)		-
(8)		
(9)		
(10)		
(11)		
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	824,195.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	Sadie B (Ferri coo) 2012	91-1703263	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	
1	Total revenue, gains, and other support per audited financial statements	1	2,897,723.
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 184,983.		
C	Recovenes of prior year grants 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	184,983.
3	Subtract line 2e from line 1	3	2,712,740.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	6.3	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 4a	3.45 m	
b	Other (Describe in Part XIII.)		
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	2,712,740.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	-
1	Total expenses and losses per audited financial statements	1	3,014,716.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities . 2a 184,983.	4	
b	Prior year adjustments	421/4	
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	184,983.
3	Subtract line 2e from line 1	3	2,829,733.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,829,733.
Pa	rt XIII Supplemental Information	•	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	b and 2b; Part	V, line 4; Part
K, lin	ne 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informat	ion.	
Part	t X, Line 2: The financial statement effects of a tax position		
take	en or expected to be taken are recognized in the combined financial		
stat	tements when it is more likely than not, based on the technical merits,		
that	t the position will be sustained upon examination. Interest and		
		_	-
pena	alties, if any, are included in expenses in the combined statements of		
act:	ivities. As of June 30, 2013 and 2012, MTI had no uncertain tax		
-			_
pos:	itions that qualify for recognition or disclosure in the combined		
			-
fina	ancial statements.		

Management Technologies International,

Schedule D (Form 990) 2012 Inc.	91-1703263	Page 5
Part XIII 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

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection 🕾 🦿

Name of the organization

Management Technologies International,

Employer identification number

91-1703263 Inc. Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, х other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the * period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 x See Part II Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? х 4a x b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student Х admissions, programs, and scholarships? 4c d Copies of all material used by the organization or on its behalf to solicit contributions? X 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? x 5a X b Admissions policies? 5b x c Employment of faculty or administrative staff? 5с X d Scholarships or other financial assistance? 5d Х e Educational policies? 5e f Use of facilities? 5f X g Athletic programs? X h Other extracumcular activities? 5h х If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a X х b Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of

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

Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990 or 990-EZ) (2012)

Schedule E (Form 990 or 990-EZ) (2012) Inc.

Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.
Schedule E, line 3 - Explanation of Nondiscrimination Policy:
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 International
community. Schools are open to all international students, regardless of
race, color or national origin, if they are permitted to attend under
Chinese law. It would not be appropriate or feasible for the schools to
use general circulation print or broadcast media to solicit students or to
publicize admissions policies because they are read primarily by Chinese
whose children cannot attend international schools. The required
non-discrimination notice is included on school websites, brochures,
advertising materials and documents. All schools have very 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.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 **2012**Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number Management Technologies International, 91-1703263 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and offices expenditures (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type ındependent investments contractors recipients located in the region) of service(s) in region in region in region East Asia and the Pacific -Program Investments 1,996,092. East Asia and the Pacific -20 Program Services Education & Training 842,749. Grants to Recipients East Asia and the 0 Located in Region Pacific -305,346. Middle East and North Africa -Program Services Education & Training 240,590. Middle East and North Africa -Program Investments 30,000. Middle East and Grants to recipients located in region North Africa -0 8,963. 30 3,423,740. 3 a Sub-total b Total from continuation 0 sheets to Part I 0.

30

3,423,740.

c Totals (add lines 3a

91-1703263

Page 2

Inc.

Schedule F (Form 990) 2012 Inc. 912-1703263

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 received more than \$5,000 Part II can be duplicated if additional space is needed

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 -	Paith-Based Education	0		147 145	Program Loan 147 145 Porgiven	Cost
			Faith-Based Education	140,428.Various	Various	0		
		East Asia and the Pacific -	Faith-Based Education	13,783.	783.Various	0.0		
		Middle Bast and North Africa -	Faith-Based Education	8,963.	8,963.Various	0		
	-							
_								
						ï		
2 Enter total number of the IRS, or for which	if recipient organization the grantee or couns	ons listed above that are isel 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 IAS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	tempt by		3

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012

Management Technologies International,

Schedule F (Form 990) 2012 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

Page 3

(h) Method of valuation - (book, FMV, appraisal, other)					Schedule F (Form 990) 2012
(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					

Management Technologies International,

Schedu	ıle F (Form 990) 2012	91-1703263	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)	☐ Yes	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

91-1703263

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. The
organization typically provides oversight via the executive leadership
team, to any grant recipient as a way to encourage and foster effective
use of funds, and to assist in developing leaders in the faith-based
education arena.
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.

Employer identification number Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Attach to Form 990. Management Technologies International Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

2012 2012 Open to Public

Inspection .

91-1703263

2

X Yes

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

General Information on Grants and Assistance

Part I

criteria used to award the grants or assistance?

Paith-Based Education Faith-Based Education (h) Purpose of grant or assistance 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 25,895, 21,651 (c) IRC section if applicable 501 (c) 3 501 (c) 3 31-1043937 22-1717576 (P) EIN 1 (a) Name and address of organization or government Louisville, KY 40299 Richardson, TX 75085 4112 Old Routt Road P.O. Box 850357 Team Expansion Christar Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

Page 2

91-1703263 Schedule I (Form 990) (2012)

| Part III | 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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information	de the information	required in Part I, I	line 2, Part III, colum	n (b), and any other additional inf	ormation
Schedule I, Part I, Line 2: The organization monitors the use of granted	ors the use of	granted			
funds through required financial reports, noting accomplishments	complishments	, and the			
requirement that each recipient undergo a financial	l audit or review.	iew.			

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. 2012

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OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Management Technologies International,

Inc.

Employer identification number 91-1703263

Questions Regarding Compensation 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? 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, but explain in Part III. Compensation committee Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 養さだ contingent on the revenues of: a The organization? x 5a b Any related organization? x 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? x 6a b Any related organization? Х 6b If "Yes" to line 6a or 6b, describe in Part III. 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 Х 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 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2012

Page 2

Schedule J (Form 990) 2012

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

91-1703263

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation	and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title	<u> </u>	(i) Base (i) compensation co	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-())(a)	reported as deferred in pnor Form 990
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232112							Sched	Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 Complete this part to provide the information, explanation, or descriptions required for Part I, 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. 91-1703263 unrelated domestic exempt organization with similar faith-based purposes to those of the filing organization. A seconding agreement exists between the those of the filing organization. A seconding agreement exists between the those of the filing organization. A seconding agreement exists between the unrelated foreign exempt organization with similar faith-based purposes to unrelated foreign exempt organization with similar faith-based purposes to Gregg Vossler, Vice President, received \$38,000 in compensation from an Peter Regez, Vice President, received \$25,000 in compensation from an Chan Kei Thong, President, received \$53,500 in compensation from an filing organization and the unrelated organization. filing organization and the unrelated organization, filing organization and the unrelated organization. COMPENSATION FROM UNRELATED ORGANIZATIONS Form 990 Part VII, Section A, Line 5: Part III | Supplemental Information Schedule J (Form 990) 2012

Management Technologies International,

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.

OMB No 1545-0047

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Schedule L (Form 990 or 990-EZ) 2012

Employer identification number Name of the organization Management Technologies International, 91-1703263 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction Yes person and organization No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (d) Loan to or (i) Written (a) Name of (c) Purpose (e) Original (g) In (f) Balance due by board or committee? from the agreement? of loan principal amount interested person default? organization organization? From Yes Yes To No No Yes No ▶ \$ Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance interested person and the organization

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revenue: Yes Family-Officer	(a) Name of interested person	wered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sh	aring o
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	(a) Hallio of interested person	person and the organization		transaction	organi	zation' nues?
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).					Yes	No
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).					-	Х
Part V Supplemental Information Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	· 					X
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).	im Smith	Family-Officer	16,845	.wages		<u>x</u>
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).						
Complete this part to provide additional information for responses to questions on Schedule L (see instructions).				ļ		├
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	Complete this part to provide add	ditional information for responses to questions	on Schedule L (see	e instructions).		
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SCHEDULE 0

(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.

2012
Open to Public

Management Technologies International Name of the organization **Employer identification number** 91-1703263 Form 990, Part III, Line 4a, Program Service Accomplishments: 500 participants. Approximately 35 volunteers, including seconded staff from other non-profit organizations, serve the organization. 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 \$184,983 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. The organization did not receive any cars, boats, airplanes Line 7H: or other vehicles.

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Management Technologies International, Inc.	Employer identification number 91-1703263
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.	
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	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Management Technologies International, Inc.	Employer identification number 91-1703263
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 232212 01-04-13	chedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Management Technologies International, Inc.	Employer identification number 91-1703263
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 inurement 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 232212 01-04-13 Sc	chedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization Management Technologies International, Inc.	Employer identification number 91-1703263
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.	
Form 990, Part VI, Section B, Line 15: Annually, the independent 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, Columns E & F:	
Explanation of Other Compensation:	
Roy Smith	
Column F: Non-taxable health insurance premiums paid by organization.	
Randy Ebeling	
Column F: Non-taxable health insurance premiums paid by organization.	

Name of the organization Management Technologies International,	Employer identification number
· Inc.	91-1703263
Peter Regez	
Column E: Total represents housing, insurance, & stipend paid by	
related org.	
Telaced org.	
Martin Klopper	
Column E: Total represents housing, insurance, & stipend paid by	
related org.	
Cathy Murphy	
Column F: Non-taxable health insurance premiums paid by organization.	
Form 990, Part VIII, Line 10c:	
Net Sales of Inventory	
The inventory sold consisted of a single book entitled "Faith of Our	
Fathers" which is a non-fictional book describing the history and role	
of faith in ancient Chinese leadership. The book is used to further	
the character-based educational purpose of the organization.	
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	
voor	
year.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Management Technologies International, Department of the Treasury Internal Revenue Service
Name of the organization

Employer identification number 91-1703263

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

	imary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity	guillo
				_		
						•
Part ii Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	the organization answ	rered "Yes" to Form 990, F	art IV, line 34 becau	se it had one or more	related tax-exempt	

(a)	(q)	(0)	(G	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(controlled	2(b)(13) led
of related organization		foreign country)	section	status (if section	entrh	entity?	2
				501(c)(3))		Yes	<u>چ</u>
LDI Poundation, Inc 36-4175586	_				Management		
16335 Highway 34 Bast, Ste B					Technologies		
Newnan, GA 30265	Faith-Based Education	Illinois	501(c)3	Line 7	International		×
International Schools Consortium Inc					Management		
75-3130029, 16335 Highway 34 East, Ste B,					Pechnologies		
Newnan, GA 30265	Faith-Based Education	North Carolina	501(c)3	Line 9	International		×
				-			

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

See Part VII for Continuations

Schedule R (Form 990) 2012

232161 12-10-12 LHA

91-1703263

Inc. Schedule R (Form 990) 2012

Part III 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.)

(K)	General or Percentage managing ownership partner?											
<u> </u>	9 6						 	_				
s	neral anagır artner	YesNo			_					 -	 	
┝	8 2 8	<u>ح</u> ا										
(9)	Disproportion- Code V-UBI ate allocations?	K-1 (Form 1065										
Г	on-	٥									_	
Ξ	porti	Z								 	 	
	Dispre te alle	Yes										
(6)	≒	dssels										
(Share of total income			•								
(e)	Predominant income (related, unrelated, excluded from tax index	sections 512-514)										
(p)	Direct controlling entity											
(0)	Legal domicile (state or	foreign country)										
(q)	Primary activity		_					:				
(e)	Name, address, and EIN of related organization											

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.) Part IV

1	- 6 9	٩ ٧	1								1		
Ξ,	Section 512(b)(13) controlled entity?	Yes			×				 -				
(£)	Percentage ownership	<u> </u>			100.00%			, -		 			_
(6)	Share of Pend-of-year	2022			2,874,800.							-	•
Œ	Share of total income				987,685.								
(e)	Type of entity (C corp, S corp, or thist)	O H GOL											
(p)	Direct controlling Type of entity (C corp., S corp, entity or truet)		fanagement	Technologies	International								
(0)	Legal domicile (state or foreign	country)			China								•
(q)	Primary activity				Education								
(a)	Name, address, and EIN of related organization		Sharp Thinking Int'l (Qingdao) Co, Ltd	Room 405 Jinguang Bldg, #56, Xiang	Qingdao, Shandong, CHINA 266071								

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36,) Schedule R (Form 990) 2012

Albert Contract of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of				- N
Note: Complete line in any entity is listed in rans in, in, or iv or unis 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?	s with one or more r	elated organizations listed	in Parts II-IV?	÷
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				1b ×
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)				1d x
e Loans or loan guarantees by related organization(s)				Te ×
f Dividends from related organization(s)				∀
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				± ×
i Exchange of assets with related organization(s)				1; x
j Lease of facilities, equipment, or other assets to related organization(s)				1j x
k Lease of facilities, equipment, or other assets from related organization(s)				# x
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			x ×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
o Sharing of paid employees with related organization(s)				To X
 Reimbursement paid to related organization(s) for expenses 				Tp X
q Reimbursement paid by related organization(s) for expenses				1q ×
r Other transfer of cash or property to related organization(s)				+
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.	ļ
l l	(q)	(0)	(Q)	
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	nvolved
(1)				
(2)				
(5)				
(4)				
(5)				
				:
(9)				
232163 12-10-12			Schedule	Schedule R (Form 990) 2012

91-1703263

Schedule R (Form 990) 2012 Inc.

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.

Name, address, and EIN of entity	(e) (f) (g) (h)	Primary activity Legal domicile Predominant income parters ser Share of (state or foreign excluded from tax ons ons ons ons ons ons ons ons ons ons	under section 512-514) yes No Income assets Yes No																																
----------------------------------	-----------------	-----------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

ightharpoons

Form 8868 (Rev. 1-2013)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box	•					
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form).					
Do not co	mplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sty filed Fo	rm 8868.				
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tin	ne to file (i	6 months for a co	rporation			
	o file Form 990-T), or an additional (not automatic) 3-mo								
	file any of the forms listed in Part I or Part II with the ex								
	Benefit Contracts, which must be sent to the IRS in par	=							
	irs gov/efile and click on e-file for Chanties & Nonprofits		(See mondene). For more details	311 1110 0101	stroring mining or the	,			
Part I	Automatic 3-Month Extension of Time		submit original (no copies nee	eded)					
	tion required to file Form 990-T and requesting an autor								
•	· · · · · · · · · · · · · · · · · · ·	made o-me	onth extension - check this box and	complete					
Part I only		410							
	corporations (including 1120-C filers), partnerships, REN ome tax returns	iics, and t	rusts must use Form 7004 to reques	t an exter	ision or time				
- Inc	_T								
Type or						ımber (EIN) or			
print	Management Technologies International,				04 4500060				
File by the	Inc. 91-170								
File by the due date for						SN)			
filing your return See									
instructions	City, town or post office, state, and ZIP code. For a fe	oreign add	fress, see instructions.						
	Newnan, GA 30265								
	<u> </u>			•		-			
Enter the	Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1			
					•	لـــــــا			
Applicati		Return	Application			Return			
	on .	Code	Is For			Code			
Is For	Form 000 F7	 							
	or Form 990-EZ	01	Form 990-T (corporation)						
Form 990-BL		02	Form 1041-A			08			
Form 4720 (individual)		03	Form 4720			09			
Form 990-PF		04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11_			
Form 990	-T (trust other than above)	06	Form 8870			12			
	Cathy Murphy				0065				
	ooks are in the care of > 1635 Highway 3	4 Eas	t, Ste B - Newnan,	GA 3	0265				
Teleph	one 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	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	f this is fo	r the whole group	o, 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 extension	n is for.			
1 re	quest an automatic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time	until					
	February 15, 2014 , to file the exemp	ot organiza	ition return for the organization name	ed above.	The extension				
ıs fe	or the organization's return for:	•	_						
▶[calendar year or								
		an	nd ending JUN 30, 2013						
	tax your boginning				<u> </u>				
2 If th	no tay year entered in line 1 is for less than 12 months	chack read	on: Initial return	Final retur	m				
2 114									
<u> </u>	☐ Change in accounting period								
0- 17:		0000							
	3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any								
nonrefundable credits. See instructions.				3a	\$	0.			
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	_		- 1		_			
	mated tax payments made Include any prior year over			3b	\$	0.			
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,				ŀ	_			
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ictions.	3c	\$	<u> </u>			
Caution.	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Fe	orm 8879-	EO for payment i	nstructions.			

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

Form 8	868 (Rev. 1-2013)					Page 2			
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check thi	s box		x			
Note.	Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously	filed Form	8868.				
	u are filing for an Automatic 3-Month Extension, comple			<u> </u>					
Part	II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no co	pies nee	ded)			
	Enter filer's identifying number, see instr								
Туре о	or Name of exempt organization or other filer, see instructions					mployer identification number (EIN) or			
print	Management Technologies International,	ŀ							
File by the					91-1703263				
due date filing you	indiffer, street, and room or suite no. If a P.O. box, see instructions.			Social se	Social security number (SSN)				
return Se	1635 Highway 34 East, No. B								
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Newnan, GA 30265								
Enter ti	ne Return code for the return that this application is for (file	e a separa	te application for each return)			0 1			
_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches to the same approaches	о а оора	то принаменто систему						
Applica	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01							
Form 9	90-BL	02	Form 1041-A	Form 1041-A					
Form 4	720 (Individual)	03	Form 4720	Form 4720					
Form 9	90-PF	04	Form 5227			10			
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 9	90-T (trust other than above)	06	Form 8870			12			
STOP!	Do not complete Part II if you were not already granted	d an autor	natic 3-month extension on a pre-	viously file	d Form 886	<u> </u>			
	Cathy Murphy								
	books are in the care of ▶ 1635 Highway 34 East,	Ste B -							
	phone No ▶ 770-683-0808		FAX No. ►						
	e organization does not have an office or place of busines								
• If th	is is for a Group Return, enter the organization's four digit	7							
box 🕨			ach a list with the names and EINs o	f ali memb	ers the exte	nsion is for			
	request an additional 3-month extension of time until May 15, 2014								
		JUL 1, 2			30, 2013	·			
6 I	f the tax year entered in line 5 is for less than 12 months, o	cneck reas	on: L. Initial return L	Final r	etum				
	Change in accounting period								
	State in detail why you need the extension	VZE ACC	DINTING DATA TO						
_	DDITIONAL TIME IS NEEDED TO GATHER AND ANALYZE ACCOUNTING DATA TO REPARE AN ACCURATE RETURN.								
-	REFARE AN ACCOUNTE REPORT.	-							
8a I	f this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tay less any						
	nonrefundable credits. See instructions.	0. 0000, 6	inter the territative tax, less any	8a	\$	0.			
_	f this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated						
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
	previously with Form 8868.					0.			
_	Balance due. Subtract line 8b from line 8a. Include your pa	th this form, if required, by using	8b	\$					
EFTPS (Electronic Federal Tax Payment System). See instructions.				8c	\$	0.			
			st be completed for Part II		•				
Under p	enalties of perjury, I declare that I have examined this form, include, correct, and complete, and that I am authorized to prepare this fo	ding accomp	-	-	f my knowled	ge and belief,			
0	Title No.		TNPD	Deta		2/10/14			