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Check if

Governance

ಞ

Activities

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

and ending JUN 30, 2014

OMB No 1545-0047

Open to Public Inspection

D Employer identification number

Department of the Treasury

A For the 2013 calendar year, or tax year beginning

Management Technologies International

C Name of organization

 Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990

JUL 1, 2013

Address change Name change Leadership Development International 91-1703263 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 770-683-0808 1635 Highway 34 East Amended return 4,548,409 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-Newnan GA 30265 H(a) Is this a group return pending F Name and address of principal officer Peter Regez Yes X No for subordinates? same as C above H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) ∫501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ▶ www.LDiChina.com H(c) Group exemption number ▶ Trust Association Other > K Form of organization: X Corporation L Year of formation: 1995 M State of legal domicile; NC Part I Summary Briefly describe the organization's mission or most significant activities Faith-based education and training: To promote a culture of integrity to urban professionals. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 50 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 40 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Forth 990-T, line 34 7b Current Year Prior Year 1,128,187 2,503,707, Contributions and grants (Part VIII, line 1h) MAY 2 1 2015 Program service revenue (Part VIII, line 2g) 1,585,951 2,023,579, <3,069 47. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,671 18,129. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c; and 11e) 12 Total revenue - add lines 8 through 11 (must equal-Part VIII, column (A), line 12) 2,712,740 4,545,462. 361,855 537,839. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 1,242,365 1,581,518. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. 109,929. b Total fundraising expenses (Part IX, column (D), line 25) 1,225,513 1,259,901. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,829,733 3,379,258. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <116,993. 1,166,204.

Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration Appreparer tother than officer) is based on all information of which preparer has any knowledge.

	LUMMAN VILLEY		1110011.2012	
Sign Here	Signature of officer  Cathy Murphy, Treasurer  Type or print name and title		Date U	_
Paid	Print/Type preparer's name David C. Moja	Preparer's signature C. May Date	Check PTIN if self-employed P00747006	
Preparer	Firm's name Capin Crouse LLF	. /	Firm's EIN 36-3990892	
Use Only	Firm's address 1255 Lakes Parkv	ray, STE 130		
	Lawrenceville, G	A 30043	Phone no.678-518-5301	
Mouthal	DC discuss this return with the preparer	shown above? (see instructions)	X Voc N	10

19 Revenue less expenses Subtract line 18 from line 12

22 Net assets or fund balances Subtract line 21 from line 20

HHILL VILLANGE

20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26)

Beginning of Current Year

4,204,994

1,657,278

2,547,716.

W/1.412 1015

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

Form 990 (2013)

**End of Year** 

5,702,111.

1,988,191,

3,713,920.

**(t)** 

4d Other program services (Describe in Schedule O)

penses \$ including grants of \$

2,523,403.

) (Revenue \$

Pa	irt IV	Checklist	of Rec	uired Sche	dules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		1,0
	during the tax year? If "Yes," complete Schedule C, Part II	4		_x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_	i	х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		х
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>
þ	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total			۱
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		"	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
a	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	<del></del>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI 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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			l
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		۱.,	
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-	١,	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	┢
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	<u> </u>
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		<u> </u>	
.5	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,"	<del>- آ</del>		
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	/2013

	990 (2013) Inc. 91-17032	.63	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		,	
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or 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		1	
	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 25a	24a		x
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del>                                     </del>	
	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	i	
	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	1	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	ļ	х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		1	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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	ļ	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			١
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	٠	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
	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	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<del> </del>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	<u> </u>	X
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> 52</u>	<del> </del>	
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	"		
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	x	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	<del>                                     </del>	┢
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			<del></del>
<b>∞</b>	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	===	1	_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2		Inc.		_		
Part V	Statements I	Regarding	Other IRS	Filings and	Tax Complian	nce

Section   The number reported in Box 3 of Form 1096. Enter 0- if not applicable   1a   15   15   15   15   15   15   15		Check if Schedule O contains a response or note to any line in this Part V					<u>Ll</u>
Enter the number of Forms W2G included in tine 1s. Enter-0-if not applicable  Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) withings to prize within 150 pc.  2a. Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.  Ited for the calendary ware and rung with or within the year covered by this return  50 bit at least one is reported on line 2a, did the organization life all required federal employment tax returns?  50 bit if ves, "his unit of line 1s and 2a is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendary 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)?  4b If "Yes," enter the name of the foreign country by Citikas, Utilited Azrab Entrates  5se instructions for fifting requirements for Form DT 590 221, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax sheller transaction?  5b Was 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?  7 Organizations that may receive deductible contributions under a section 170(c).  8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariable contributions.  9 If If "Yes," did the organization norby the donor of the valve of the goods or services provided?  7 Organizations that may receive deductible contribution and pairly for goods and services provided to the payor?  7 If Did the organization exceeved a spayment in excess of \$75 male partly as a ontribution and pairly for goods and services provided to the f						Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleet for the calendar year ending with or within the year covered by this return.  5	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	15			
gambing) winnings to prace winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements.  1b (life the calendar year anding with or within the year covered by this return  1b (life the sum of lines 1 and 2 as greater than 250, you may be required federal employment tax returns?  1c) Wote. If the sum of lines 1 and 2 as greater than 250, you may be required to en file (see instructions)  3a Dot the organization have unrealeded business gross income of \$1,000 or more during the year?  3b (life the sum of lines 1 and 2 as greater than 250, you may be required to en file (see instructions)  3b (life the organization have unrealeded business gross income of \$1,000 or more during the year?  3c (life the organization have unrealeded business gross income of \$1,000 or more during the year?  3c (life the organization or country (such as a bank account; your orther financial account)?  4c (life the year)  5d (life the organization aparty to a prohibited tax sheller transaction at any time during the tax year?  5d (life the year)  5d (lif	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
28 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  50 b if at least one is reported on line 2a, did the organization life 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)  30 bid the organization have unrelated business gross income of \$1.000 or more during the year?  31 a X and you may be required to e-file (see instructions)  32 b if Yes, * has if filed a form 990-T for this year?  33 b J A A 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)?  33 b J A A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; and the organization have a been account, securities account, or other financial account)?  54 b if Yes, * to line 5a or 5b, did the organization life Form 10 F 90-221, Report of Foreign Bank and Financial Accounts  55 a Was the organization a party to a prohibited tax shelter transaction?  56 b X S D A I Yes, * to line 5a or 5b, did the organization life Form 88861?  56 c I Yes, * to line 5a or 5b, did the organization life Form 88861?  57 b If Yes, * to line 5a or 5b, did the organization indice with every solicitation and express statement that such contributions or gifts were not tax deductible?  57 b If Yes, * to line 5a or 5b, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  58 b If Yes, * to line 5a or 5b, did the organization notify the donor of the value of the goods or services provided?  58 b If Yes, * indicate the number of Forms 8282 field during the year  59 b If Yes, * indicate the number of Forms 8282 field during the yea	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
he 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 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did he organization have unrelated business gross moome of \$1,000 or more during the year?  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, or other financial account;?  5b If "Yes," she file a Form 8905 Tor this year of I"No," to line 8,0, provide an explanation in Schedule O  5c Was the organization aparty to a prohabred tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohabred tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohabred tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohabred tax shelter transaction at any time during the tax year?  5c Was the organization aparty to a prohabred tax shelter transaction and organization and the organization shelt and the organization file Form 88861?  5d Was 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?  6d Was the organization shelt may receive deductible contributions under section 170(c).  6d Was the organization shell may receive deductible contributions under section 170(c).  6d Was the organization shell may receive deductible contributions under section 170(c).  6d Was the organization shell may receive deductible contributions under section 170(c).  6d Was the organization shell promit in excess of \$5 made party as a contribution of party to a prohabred to the Form 8889 as required?  6d Was the organization shell promit in excess of \$5 made party as a contribution of party to the organization will be party to the party t		(gambling) winnings to prize winners?			1c	х	
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)  3a	<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (such as a bank account, securities account, and foreign country (such as a bank account, securities account, or other financial accountry?  b if "Yes," enter the name of the foreign country ▶ € finan, United Arab Bairzates  See instructions for fiting requirements for Form TD F0 902.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prothothed tax shelter transaction? at any time during the tax year?  5b Did any taxable party nortly the organization that it was or is a party to a prohibited tax shelter transaction?  5c United States and States are normally greater than \$100,000, and did the organization supports that the organization in file Form 8886.7?  6c Does the organization shall may receive deductible contributions under section 170(c).  6d Does the organization shall may receive deductible contributions under section 170(c).  6d Did the organization shall may receive deductible contributions under section 170(c).  6d Did the organization shall exchange, or otherwise dispose of tangelie personal property for which it was required to like Form 8882?  6d If "Yes," indicate the number of Forms 8828? filed during the year  7c Did the organization for serve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization for every funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization for every funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization for pay 50, and pay the pay for indirectly, to pay premiums on a personal benefit contract?  7f If Did the organization may be		filed for the calendar year ending with or within the year covered by this return	2a	50			l
Note. If the sum of lines 1a and 2a is greater than 280, you may be required to 6-file (see instructions) 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	rns?		2b	Х	
b If "Yes." has it flied a Form 990-T for this year? If "No." to line 3b, 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  4 financial account in a foreign country (such as a bank account, a other financial account)?  4b If "Yes," enter the name of the foreign country. ► China, United Arab Enizates  See instructions for fling requirements for Form TD F 902.2 is 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?  5b United any time of the foreign account of the foreign Bank and Financial Accounts  5c Vasta the organization appropriation in Form 888617?  5c Loses the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that there not tax deductible as charitable contributions?  5c Loses the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6a X  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization shart may receive deductible contributions under section 170(c).  8 If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Difference of the organization shall receive a payment in excess of \$5 made partly as a contribution and partly for goods and services provided to the payor?  7a X  8 If "Yes," indicate the number of Forms 8282 filed during the year  9 Difference of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b X  7c X  7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  8 Sponsoring organizations maintaining donor advised funds and section							
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)?  b If "Yes," enter the name of the foreign country   China, "Inited Arab Entrates   See instructions for filing requirements for Form TD F 90.22   Report of Foreign Bank and Financial Accounts   Swather organization approach to a provided that the sees instructions for filing requirements for Form TD F 90.22   Report of Foreign Bank and Financial Accounts   Swather organization from the form 8886   Ye   Did any taxable party notify the organization flet Form 8886   To   So   Xe   If "Yes," or live 6a or 50, do the organization file Form 8886   To   So   Xe   If "Yes," or live the organization include with every solicitation are services statement that such contributions or gifts were not tax deductible as charitable contributions   Xe   If "Yes," or live the organization include with every solicitation are services asstatement that such contributions or gifts were not tax deductible? Organization state any receive deductible contributions under section 170(c).  a Did the organization state may receive deductible contributions under section 170(c).  b If "Yes," of did the organization notify the denor of the value of the goods or services provided to the payor?   7a   Xe   If "Yes," inclinate the number of Forms 8282 filed during the year   7d   Ye   Ye   Ye   Ye   Ye   Ye   Ye   Y	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b If "Yes," enter the name of the foreign country   ► China_United Arab Emiratese   See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts   See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts   See instructions for tiling requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts   See instructions for tiling requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts   See instructions for tiling requirements for Form Se86-17     Do Both en organization have annual gross receipts that at rea normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
b if "Yes," enter the name of the foreign country ➤ China_United Arab_Entrates See instructions for filing requirements for Form TD F 90-22 f, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5 C If "Yes," to line Sa or 5b, dut the organization file Form 88867?  5 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?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services prowded to the payor?  5 Did the organization notify the donor of the value of the goods or services prowded?  7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Diff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 Diff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 Diff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 Diff the organization or received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 Diff the organization file Form 8282 filed during the year spay premiums on a personal benefit contract?  8 Deposition organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	nty over, a			
See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 If "Yes," to line 5 a or 5b, did the organization file Form 8886-17  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive apyment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  7 Did the organization notify the donor of the value of the goods or services provided?  8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  9 Did the organization of ceeve any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  10 If the organization receive a contribution of qualified intellectual property, did the organization file Form 8898 as required?  11 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  12 If the organization maked a contribution of qualified intellectual property, did the organization file Form 8898 as required?  13 If the organization maked a contribution of qualified intellectual property, did the organization file Form 8898 as required?  14 Did the organization make a distribution of the solicity of the property of the supporting organization in			accou	nt)?	4a	Х	
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g if the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h if the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  a Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 Section 501(c)(12) organizations. Enter  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  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.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	pt?	7e		х
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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  14b					l		
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	<u>b</u>	_ir "yes," has π filed a Form 720 to report these payments? ir No, provide an explanation in Schedu	e U			000	(2012

Inc.

91-1703263

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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 or note to any line in this Part VI Section 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 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 х 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or x persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 Х 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request ☐ Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization Cathy Murphy - 770-683-0808

30265

1635 Highway 34 East, Ste B, Newnan,

Form 990 (2013)

Inc.

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

Check if Schedule O contains a response or note to any line in this Part VII

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#### 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
- 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

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

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	Position (do not check motors) box, unless personal officer and a direction of the control of th		more rson	than is bot	han	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	(list any hours for related organizations below line)		Institutional trustee	Offscer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Peter Regez	37.00									
President & Director	3.00	Х	L	Х		_		0.	12,358.	6,051.
(2) Ron Harris	1.00	]	İ			l	l			
Board Chairman	1,00	Х		Х	<u> </u>	<u> </u>	上	0,	0,	0.
(3) Grahame Harris	1.00			ļ			l			
Part Year Board Chairman	1,00	х	_	х				0.	0.	0.
(4) Insoo Jeong	1.00				l	l				
Director	1.00	Х	<u> </u>					0.	0,	0.
(5) Goh Kng Yan	1.00					ļ				
Director	1.00	x	L					0.	0.	0.
(6) Thomas Winkler	1.00	j					l			
Director	1.00	х						0.	0.	0.
(7) Chan Kei Thong	1.00									
Director	1,00	х			L	<u> </u>		0.	0.	0.
(8) Sunny Ouyang	1,00	]				-	l			
Director	1.00	х						0.	0.	0.
(9) Gayle Cawood	1.00	]								
Director	1.00	х						0.	0.	0.
(10) Thomas Beck	1.00									
Part Year Director	1.00	х						0.	0.	0.
(11) Laurie Doden	1.00									
Part Year Director	1.00	х						0.	0.	0.
(12) Roy Smith	37.00					Ī				
Vice-President	3.00			х				39,806.	0.	16,332.
(13) Gregg Vossler	37.00									
Vice-President	3.00	<u>l                                    </u>		х				5,053.	0.	0.
(14) Randy Ebeling	37.00									-
Vice-President	3.00			х				48,964.	0.	3,590.
(15) Martin Klopper	37.00									
Vice-President	3.00			х			L	0.	23,774.	6,051.
(16) Scott Finnamore	37.00									
Vice-President	3.00			х				0.	51,824.	11,450.
(17) Cathy Murphy	37.00									
Treasurer	3.00		L	х	L			68,366.	0.	6,392.

Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C						
(A)	(B)			_ (C	-			(D)	(E)			(F)	
Name and title	Average	(do		Posi		l than (	one	Reportable	Reportable			timate	
	hours per					is bot or/trus		compensation	compensation	ו ו		nount	of
	week		, G. (2.)		1 6010	1		from	from related	- 1		other	
	(list any hours for	recto						the	organizations			pensa	
	related	or di	8			ated		organization	(W-2/1099-MIS	<sup>()</sup>		om th	
	organizations	ustee	trust		, g	iben		(W-2/1099-MISC)			_	anızat d relat	
	below	ual tr	tional		ploy	yee yee	_	]			organizations		
	line)	individual frustee or director	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	Богтег	1			0.90		00
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1b Sub-total								162,189.	87,9			49	866.
c Total from continuation sheets to Part V	II, Section A							0.		0.			<u> </u>
d Total (add lines 1b and 1c)							<u> </u>	162,189.	87,9			49,	866.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	no r	eceived more than \$100	,000 of reportable	е			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on	i			
line 1a? If "Yes," complete Schedule J for s											3_		<u> </u>
4 For any individual listed on line 1a, is the s									the organization				
and related organizations greater than \$15										- }	4		X
5 Did any person listed on line 1a receive or						•	elat	ted organization or indiv	dual for services	- 1	_	ا ا	
rendered to the organization? If "Yes," con	nplete Schedu	e J	or s	uch	per	son		<i>p 2</i>			5	Х	L
Section B. Independent Contractors	<del> </del>								<b>*</b>				
Complete this table for your five highest co										pens	ation	trom	
the organization Report compensation for	the calendar	/ear	ena	ing v	with	or w	rithii		year I				
(A) Name and business	s address						-	(B)  Description of s	ervices	С		C) Insatio	'n
Homer International Law Group	3 2001033						_	Bescription or	ior vioco		Ompo	- I Satio	
13102 Parson Lane, Fairfax, VA 22033								Legal Services				115	,437.
3T Advisors LLC, 2535 Rosedale Stree								acgar bervices				-113	, 43 / .
Highland Village, TX 75077	<b>υ</b> ,							Consulting/Mgmt Se	rvices			105	,442.
argurana (1114ge, In 1507)	<del> </del>						$\dashv$						,
						- · · -							

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

\$100,000 of compensation from the organization

Part VIII

Inc.

Statement of Revenue

nc.

Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded Related or Unrelated Total revenue from tax under sections 512 - 514 exempt function business revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c 1,286,913. d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1,216,794 70,898 g Noncash contributions included in lines 1a-1f \$ 2,503,707 Total. Add lines 1a-1f Business Code 611710 2,023,579 2,023,579 Program Service Revenue Education/Support Svcs All other program service revenue 2,023,579 Total. Add lines 2a-2f Investment income (including dividends, interest, and 308 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis 261 and sales expenses <261 c Gain or (loss) d Net gain or (loss) < 261 <261.> 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 4,190. and allowances 2,686 b Less cost of goods sold 1,504 1,504 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 16,625 Miscellaneous 16,625 11 a All other revenue 16,625 Total. Add lines 11a-11d 4,545,462. 2,025,083. Total revenue. See instructions. 16,672.

## Form 990 (2013) Inc. 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				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	49,211.	49,211.		
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				
	United States See Part IV, lines 15 and 16	488,628.	488,628.		·····
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	162,190.	35,682.	94,070.	32,438.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	44,300.	44,300.		
7	Other salaries and wages	1,128,540.	801,401.	304,914.	22,225.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	161,350.	126,328.	30,802.	4,220.
10	Payroll taxes	85,138.	55,856.	25,753.	3,529.
11	Fees for services (non-employees)				
а	Management				
þ	Legal	59,432.	6,441.	52,991.	
С	Accounting	39,591.	320.	39,271.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	281,472.	258,905.	22,567.	<del></del>
12	Advertising and promotion	25,961.	24,925.		1,036.
13	Office expenses	36,898.	10,588.	22,648.	3,662.
14	Information technology	19,189.	10,557.	8,265.	367.
15	Royalties				
16	Occupancy	150,229.	100,214.	47,905.	2,110.
17	Travel	244,826.	172,088.	35,645.	37,093.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	61,838.	59,966.	1,773.	99,
20	Interest				
21	Payments to affiliates	50.404	20.000		
22	Depreciation, depletion, and amortization	73,494.	39,002.	33,024.	1,468.
23	Insurance	27,158.	12,430.	14,101.	627.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Orientation/Training	110,738.	103,880.	6,778.	80.
b	Foreign Taxes	73,833.	73,833.		
С	Other Miscellaneous	44,055.	43,340.		715.
d	Equipment Rental	11,187.	5,508.	5,419.	260.
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,379,258.	2,523,403.	745,926.	109,929.
26	Joint costs Complete this line only if the organization				- <del></del>
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
3320	0 10-29-13				Form <b>990</b> (2013)

Form 990 (2013)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,685,649.	1	3,112,581.
	2	Savings and temporary cash investments			62,044.	2	62,351.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			220,110.	4	151,610.
	5	Loans and other receivables from current and for	rmer o	officers, directors,			
		trustees, key employees, and highest compensations	ated er	mployees Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section	4958	(c)(3)(B), and contributing			•
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary		1	
ts		employees' beneficiary organizations (see instr)	Comp	olete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Ä	8	Inventories for sale or use			12,075.	8	9,413.
	9	Prepaid expenses and deferred charges			18,964.	9	88,229.
	10a	Land, buildings, and equipment cost or other	1	[			
		basis Complete Part VI of Schedule D	10a	456,209.			
	b	Less accumulated depreciation	10b	281,486.	167,758.	10c	174,723.
	11	Investments - publicly traded securities	-			11	
	12	Investments - other securities See Part IV, line	1	•		12	
	13	Investments - program-related See Part IV, line	11		2,026,092.	13	2,026,092.
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		12,302.	15	77,112.	
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	4,204,994.	16	5,702,111.
	17	Accounts payable and accrued expenses			833,083.	17	224,677.
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former	office	rs, directors, trustees,			
ij		key employees highest compensated employee	es, and	disqualified persons			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	····
	25	Other liabilities (including federal income tax, pa	•				
	ĺ	parties, and other liabilities not included on lines	s 17-24	) Complete Part X of			
	1	Schedule D			824,195.	25	1,763,514.
	26	Total liabilities. Add lines 17 through 25			1,657,278.	26	1,988,191.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🗓 and			
es		complete lines 27 through 29, and lines 33 ar	id 34.			1	
auc	27	Unrestricted net assets		<u> </u>	1,793,956.	27	2,828,543.
Bal	28	Temporarily restricted net assets		]-	753,760.	28	885,377.
ā	29	Permanently restricted net assets		. — -		29	<del></del>
Ē		Organizations that do not follow SFAS 117 (A	SC 95	8), check here			
S OF		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds		ļ., , <b>,</b>		30	
As	31	Paid-in or capital surplus, or land, building, or ed		F	···· —	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	· · · · · · · · · · · · · · · · · · ·
_	33	Total net assets or fund balances		1	2,547,716.	33	3,713,920.
	34	Total liabilities and net assets/fund balances			4,204,994.	34	5,702,111.

Form	990 (2013) Inc.	91-1703263		Pag	ge <b>12</b>
Pa	t XI Reconciliation of Net Assets		•		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,545	,462.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,379	,258.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,166	,204.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	,547	,716.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	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	3	,713	,920.
Pa	t XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990  Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
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 reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		Ì	
	consolidated basis, or both				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		İ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	ــــــ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
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 Audit			۱
_	Act and OMB Circular A-133?		_3a	$\vdash$	X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2013)

### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization Management Technologies International

# 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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs\_gov/form990

OMB No 1545-0047

Open to Public Inspection

Employer identification number

		Inc.							91	1703263		
Part I	Reason 1	or Public Char	ty Status (All organiz	ations mus	st complet	e this part	) See ınst	ructions				
The organ	ization is not a	private foundation	pecause it is (For lines 1	through 1	1, check	only one b	ox)					
1 🗔	A church, cor	vention of churches	s, or association of churc	ches descr	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 X	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E)								
з 🔲	A hospital or	a cooperative hospi	tal service organization of	described i	n section	170(b)(1)(	A)(iii).					
4	•		perated in conjunction					(b)(1)(A)(iii	i). Enter	the hospital's	s name,	
	city, and state	е	,									
5 🔲	•		benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	describ	ed in		
	-	(b)(1)(A)(iv). (Comple		•	•	•	J					
6 🗆			ent or governmental unit	t described	d in sectio	n 170(b)(1	)(A)(v).					
7 🗔	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
. —	•	b)(1)(A)(vi). (Comple				9			3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8 🗆	•		ection 170(b)(1)(A)(vi). (	(Complete	Part II )							
9 🗀			eives (1) more than 33 1			rom contri	butions, m	nembershii	o fees. a	nd gross rec	eipts from	
	•	•	nctions - subject to certa							•	•	
		•	axable income (less sect			•				_		
		509(a)(2). (Complete	,		,		•	, 5			•	
10 🔲			perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	l).				
11 🗀	•	•	perated exclusively for th	-	-			-	y out the	purposes of	one or	
	more publicly	supported organiza	itions described in section	on 509(a)(1	l) or section	n 509(a)(2	) See sec	tion 509(a	a)(3). Ch	eck the box t	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h						
	a Type I			ype III - Fur			d	ı 🔲 тур	e III - No	n-functionally	ntegrated	
е 🗀	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified	persons other	er than	
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	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				
	supporting or	rganization, check th	nis box									
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?	_		
	(i) A person	n who directly or ind	irectly controls, either al	one or tog	ether with	persons d	lescribed	ın (ıı) and (	ııı) below	',	Yes No	
	the gove	erning body of the si	upported organization?							11g(ı)		
	(ii) A famıly	member of a person	n described in (i) above?	ı						11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	∍?					11g(iii)		
h	Provide the fo	ollowing information	about the supported or	ganızatıon	(s)							
(i) Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o			-	(vi) İs organızatıc		(vii) Amount	of monetary	
org	anization		(described on lines 1-9	in col. (i) lis	-			(i) organiz U.S	ed in the	supp	ort	
			above or IRC section (see instructions))		document?	L ``.	support		7			
			(000	Yes	No	Yes	No	Yes	No			
				1		<u> </u>						
	· · · · · · · · · · · · · · · · · · ·			<u> </u>							<del></del>	

Page 2

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) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and		· · · · · · · · · · · · · · · · · · ·				_
	membership fees received (Do not						
	include any "unusual grants ")					ļ	
2	Tax revenues levied for the organ-			ļ			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			j			
	furnished by a governmental unit to						
	the organization without charge				<u> </u>		
4	Total. Add lines 1 through 3				<u> </u>		
5	The portion of total contributions				1	, <mark>j</mark>	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the			1			
	amount shown on line 11,					1	
	column (f)			<u> </u>			
	Public support. Subtract line 5 from line 4			<u> </u>	1		
	ction B. Total Support		T	<del>_</del>	<del>,                                      </del>	<del>-, .</del>	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			ļ		<u> </u>	
8	Gross income from interest,						
	dividends, payments received on				1		
	securities loans, rents, royalties						
	and income from similar sources			<u> </u>			_
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain			1			
	or loss from the sale of capital					ł	
	assets (Explain in Part IV)			<u> </u>	<u> </u>		
11	Total support. Add lines 7 through 10		<u> </u>			<u> </u>	<u> </u>
12	Gross receipts from related activities,	etc (see instruct	ions)			12	
13	First five years. If the Form 990 is for	r the organization'	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3)	
	organization, check this box and stor	here					<u> </u>
	ction C. Computation of Publ					<del></del>	
	Public support percentage for 2013 (			column (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the	organization did n	ot check the box	on line 13, and line	e 14 is 33 1/3% or	more, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organization	on			▶□
t	33 1/3% support test - 2012. If the	-			d line 15 is 33 1/3°	% or more, check t	his box
	and stop here. The organization qual	lifies as a publicly	supported organi	zation			▶□
17a	a 10% -facts-and-circumstances tes	t - 2013. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test The organiz	ation qualifies as	a publicly supporte	ed organization		
t	10% -facts-and-circumstances tes	t - <b>2012.</b> If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circi	umstances" test,	check this box and	d <b>stop here.</b> Expla	in in Part IV how th	e
	organization meets the "facts-and-cir-	cumstances" test	. The organization	qualifies as a pub	licly supported or	ganization	
18	Private foundation. If the organization	on did not check a	box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨 🗀
					Sch	edule A (Form 990	or 990-F7\ 2013

## Schedule A (Form 990 or 990-EZ) 2013 Inc. [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

Sec	ction A. Public Support	low, please comp	olete Part II )				
_	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	<b>(e)</b> 2013	(f) Total
	Gifts, grants, contributions, and	(4) 2000	(5) 25 15		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(0) = 0.10	(7, 15, 1111
•	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,		· · · ·			<del></del>	<del></del>
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose			İ			
2	Gross receipts from activities that					1	
3	are not an unrelated trade or bus-						
	iness under section 513						
	<b> </b>				<del> </del>	-	<del></del>
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_	' h		<del>                                     </del>			+	<del></del>
5	The value of services or facilities						
	furnished by a governmental unit to			1	•		
_	the organization without charge		-		<u> </u>		<del> </del>
	Total. Add lines 1 through 5				<del> </del>		<del></del>
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					-	<del>                                     </del>
E	) Amounts included on lines 2 and 3 received from other than disqualified persons that			İ			
	exceed the greater of \$5 000 or 1% of the						
	amount on line 13 for the year			· · · · - · · · · · · · · · · · · · · ·	<del> </del>		-
	Add lines 7a and 7b				1	ļ	
	Public support (Subtract line 7c from line 6.)		<u></u>	. —		1	<u> </u>
	ction B. Total Support		T	1			·
	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6					1	
108	a Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources		ļ			<del> </del>	
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		<u> </u>		-	ļ	
	Add lines 10a and 10b				-		<u> </u>
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carned on					<del> </del>	
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)				ļ		ļ
	Total support. (Add lines 9 10c 11, and 12)		<u></u>	<u> </u>			
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u> </u>
<u>Se</u>	ction C. Computation of Publ	c Support Pe	ercentage			<del></del>	·
15	Public support percentage for 2013 (I		•	column (f))		15	%
16						16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	ne Percentage	<u> </u>		1 - 1	
17	Investment income percentage for 20	13 (line 10c, colu	mn (f) divided by l	ne 13, column (f))		17	%
18						18	%
19	a 33 1/3% support tests - 2013. If the						17 is not
	more than 33 1/3%, check this box a						▶□
1	b 33 1/3% support tests - 2012. If the	-					
	line 18 is not more than 33 1/3%, che						¬ ▶∐
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check	this box and see ii	nstructions	

#### Management Technologies International,

Schedule A	(Form 990 or 990-EZ) 2013 Inc.	91-1703263	Page 4
Part IV	(Form 990 or 990-EZ) 2013 Inc.  Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or	r 17b, and Part III, line	12
	Also complete this part for any additional information (See instructions)	,	
		· <u>-</u>	
			<u>.</u>
			_
<del></del>			
,			
			_

### **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.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No 1545-0047 Open to Public Inspection

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

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	
		(a) Donor advised funds	(b) Funds and other accounts
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 v	writing that the assets held in donor advis	sed funds
-	are the organization's property, subject to the organization's		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	_	used only
•	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par		janization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organization	•	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements r		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year
7	Amount of expenses incurred in monitoring, inspecting, and	<del>-</del>	
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizar	•	•
	conservation easements		J J
Pa	rt III   Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public exl	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items	•	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	·	► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	
_	the following amounts required to be reported under SFAS 1		J
а	Revenues included in Form 990, Part VIII, line 1	,	<b>▶</b> \$
	Assets included in Form 990, Part X		<b>▶</b> \$

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

174,723.

Schedule D (Form 990) 2013 Inc.				9.	1-1/03263	Page 3
Part VII Investments - Other Securities.		_				
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	to Form 990, Part IV, (b) Book value	line 11b		Part X, line 12 aluation Cost or e	ind-of-year marks	t value
	(b) book value		(c) Method of Va	auation Cost or e	mu-or-year marke	value
(1) Financial derivatives		-+				
(2) Closely-held equity interests		<del>-  </del> -				
(3) Other		-				
(A)		+				<del></del>
(B) (C)		_		<del></del>		
(D)		_				
(E)		-+				
(F)						
(G)		<del></del>				
(H)						
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<del></del>				<del></del>
Part VIII Investments - Program Related.	<u> </u>					
Complete if the organization answered "Yes"	to Form 900 Part IV	line 11d	See Form 990 F	Part V. line 13		
(a) Description of investment	(b) Book value	III I		aluation Cost or e	nd-of-vear marke	et value
(1) Sharp Thinking (Qingdao Entity)	1,933,7	748.	Cost		, , , , , , , , , , , , , , , , , , ,	
(2) International Schools Sponsorship	62,3		Cost			
(3) Wellspring (a Libyan Ltd Entity)	30,0		Cost			
(4)	, ,					
(5)						
(6)						
(7)				•		
(8)	-			·· ·-		
(9)						
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,026,0	092.			<del></del>	
Part IX Other Assets.	<u> </u>		· <del></del> ·			
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11d	d See Form 990, F	Part X, line 15		
	Description			· · · · · · · · · · · · · · · · · · ·	(b) Book	value
(1)						
(2)						
(3)			-			
(4)						
(5)						
(6)				<u> </u>		
(7)						
(8)		-				
(9)						
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15)				<b>&gt;</b>	
Part X Other Liabilities.						
Complete if the organization answered "Yes"	to Form 990, Part IV,	line 11	e or 11f See Form	990, Part X, line 2	25	
1. (a) Description of liability		(b)	Book value			
(1) Federal income taxes						
(2) Due to International Schools			1,707,968.			
(3) Amount due to affiliates			55,546.			
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 25 )		1,763,514.			

	Management Technologies International,		
Schedule D (Form 990) 2013 Part XIII   Supplemental Info	Inc.	91-1703263	Page 5
Part XIII Supplemental Info	rmation (continued)		
	<u> </u>		
		···	
-			
	•		
	<del></del>		
			_
		<del></del>	

#### **SCHEDULE E**

(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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Management Technologies International,

Employer identification number

91-1703263

rai	U j		1	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	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?	2	х	
3	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	Х	
	See Part II			
_				
4	Does the organization maintain the following?		v	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student		v	
	admissions, programs, and scholarships?	4c	x	
a	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	^	
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
_	Does the experient decomments by race in any way with respect to			
5	Does the organization discriminate by race in any way with respect to	_		x
a	Students' rights or privileges?	5a		x
b	Admissions policies?	5b	-	- <u>^</u>
C	Employment of faculty or administrative staff?	5c		x
d	Scholarships or other financial assistance?	5d		x
e	Educational policies?	5e		x
f	Use of facilities?	5f		X
_	Athletic programs?	5g		X
n	Other extracurricular activities?	5h		<del>  ^-</del>
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
_				
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		х
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			ļ
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	<u> </u>

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

Schedule E (Form 990 or 990-EZ) (2013)

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

Name of the organization
Management Technologies International,
Inc.

Bemployer identification number
91-1703263

Inc.	s internation	lai,			91-1703263	
	mation on A	ctivities Out	tside the United States. Compl	ete if the organ		'Yes" on
Form 990, Part IV			tordo tiro ornitod otatoor compr	ete ii tile organ	ization uniswered	100 011
		maintain record	ds to substantiate the amount of its gr	ants and other	assistance,	
-	-		the selection criteria used to award the			Yes No
2 For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance ou	tside the
	he following Parl	I line 3 table ca	an be duplicated if additional space is	needed )		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activis a proj describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
East Asia and the	1					
Pacific -	2	20	Program Services	Education &	Training	591,510.
East Asia and the			Grants to Recipients			
Pacific -	,	0	Located in Region			338,543.
East Asia and the						
Pacific -	0	0	Program Investments			1,996,092
Middle East and						
North Africa -	] 1	. 8	Program Services	Education &	Training	540,127
					•	
Middle East and			:			
North Africa -	C	0	Program Investments			30,000
Middle East and	1		Grants to recipients			
North Africa -	0	0	located in region			150,085
3 a Sub-total	3	3 28				3,646,357
b Total from continuation						1
sheets to Part I		0				0
c Totals (add lines 3a				T		

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

Schedule F (Form 990) 2013

3,646,357.

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any Schedule F (Form 990) 2013 Part II

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	5	600 000		c		
		Facilic -	raith-based Education	260,020, valida	VALIOUS			
		East Asia and the Pacific -	Faith-Based Education	10,500.	10,500. Warious	0		
		Middle East and North Africa	Faith-Based Education	25,068.	25,068.Various	0		
		Middle East and North Africa -	Faith-Based Education	120,033. Various	Various	0.		
								:
2 Enter total number of	recipient organizatio	ons listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-ex	empt by		

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities ၈

Schedule F (Form 990) 2013

Management Technologies International,

Schedule F (Form 990) 2013 Inc. 91-1703263

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

hod of ation FMV, i, other)					990) 2013
(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2013
(g) Description of non-cash assistance					Sched
(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					

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

Schedule F (Form 990) 2013

X Yes

for Form 5713)

Page 5

Part V Supplemental Information 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
Part I, Line 2:
Explanation: 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.
Durk T. line 2.
Part I, line 3:
Explanation: Foreign expenditures are account for by the accural method.
Schedule F, Part IV, Line 5:
Explanation: 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.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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,

Information about Schedule I (Form 990) and its instructions is at www us gov/form990 ► Attach to Form 990.

Schedule I (Form 990) (2013) **≗** □ Employer identification number Faith-Based Education Faith-Based Education (h) Purpose of grant or assistance 91-1703263 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ö 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 609 25,226 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 19, (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Management Technologies International, (c) 3 501 (c) 3 Enter total number of other organizations listed in the line 1 table 501 31-1043937 22-1717576 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Louisville, KY 40299 Richardson, TX 75085 Name of the organization 4112 Old Routt Road P.O. Box 850357 Team Expansion Christar Part I

Schedule I (Form 990) (2013)

91-1703263

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 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 Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant Explanation: The organization monitors the use of granted funds through required financial reports, noting accomplishments, and the requirement (b) Number of recipients that each recipient undergo a financial audit or review. (a) Type of grant or assistance Part I, Line 2:

Schedule I (Form 990) (2013)

332102 10-29-13

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury

Management Technologies International,

Employer identification number 91-1703263

Part I **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 Health or social club dues or initiation fees Tax indemnification and gross-up payments 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant 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? х 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 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 contingent on the revenues of 5a a The organization? x 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a х b Any related organization? 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 69 lf "Yes," describe in Part III 7 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

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 Inc. 91-1703263

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	099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(ii) Base (ii) Bonus & compensation compensation	s & (iii) Other e reportable trion compensation	compensation	Denemis	(a)-(i)(a)	reported as deferred in prior Form 990
	(E						
	<u> </u>						
	ε						
	Œ						
	(1)						
	: (Ξ						
	(i)						
	3						
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	Ξ						
	<u>(ii)</u>						
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	Ξ						
	Ξ						
	ε						
	<u>(i)</u>						
	Ξ						
	(ii)						
	Ξ						!
	Ξ						
	Ξ						
	(E)						
332112						Schedu	Schedule J (Form 990) 2013

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 President of MTI, for services rendered to MTI. \$35,000 in compensation faith-based purposes to those of Management Technologies International, faith-based purposes to those of MTI, compensated Martin Klopper, Vice exists between the filing organization and the unrelated organization. Knowledgworkx, an unrelated foreign exempt organization with similar Teach Beyond, an unrelated foreign exempt organization with similar for services rendered to MTI. \$25,000 in compensation was paid for the tax year ended 12/31/2013. A seconding agreement exists between the filing was paid for the tax year ended 12/31/2013, A seconding agreement Explanation: COMPENSATION FROM UNRELATED ORGANIZATIONS Inc. (MTI), compensated Peter Regez, President of MTI, organization and the unrelated organization. Form 990, Part VII, Sectiona A, Line 5: Part III | Supplemental Information Schedule J (Form 990) 2013

faith-based purposes to those of MTI, compensated Gregg Vossler, Vice

Christar, an unrelated domestic exempt organization with similar

President of MTI, for services rendered to MTI. \$23,700 in reportable

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 compensation was paid for the tax year ended 12/31/2013. A seconding agreement exists between the filing organization and the unrelated Schedule J (Form 990) 2013

Part III | Supplemental Information organization.

Schedule J (Form 990) 2013

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**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.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

Management Technologies International,

Employer identification number

Inc.						91-1703263								
Part I Excess Bene	fit Transac	tions (section 5	01(c)(3	3) and s	section 501(c)(4) orga	anıza	ations only)							
Complete if the o	rganization ar	nswered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, Pa	art V, I	ine 40	)b				
1 (		) Relationship bet	•	ified								(d) Corrected?		
(a) Name of disqualified person		person and o		(°	(c) Description of trans			saction			es	No		
<del></del>														
		<u></u>												
2 Enter the amount of tax II	ncurred by the	e organization mai	nagers	or disc	qualified persons du	rıng	the year under							
section 4958									▶ \$					
3 Enter the amount of tax,	ıf any, on line	2, above, reimbur	sed by	the or	ganızatıon				▶ \$					
		nterested Per												
Complete if the c	organization ar	nswered "Yes" on	Form !	990-EZ	, Part V, line 38a or I	Form	n 990, Part IV, Im	e 26,	or if th	ne orga	anızatı	on		
reported an amo		90, Part X, line 5,					<del> </del>			W-1 A-	0101/04			
(a) Name of	(b) Relationsh			oan to or	(e) Original	(f)	) Balance due		in	by bo		(i) W	ritten	
interested person	with organizati	on of loan	organ	ization?	principal amount	İ		default?		comm	uttee?	···-		
			То	From				Yes N	No	Yes	No	Yes	No	
			_			<u> </u>			<u> </u>				<u> </u>	
			$\bot$	<u> </u>								<u> </u>	<u> </u>	
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			+	╂		-				├			<del>                                     </del>	
			-	<del> </del>	1					<del> </del>	<b></b> -	ļ	├─	
			ــــــــــــــــــــــــــــــــــــــ			L				<del> </del>		-	L	
Total Part III Grants or As	eistance P	Senefiting Inte	roete	ad ba	reone \$			<u> </u>		<u>.                                    </u>		l		
		-												
	nswered "Yes" on	-				(d) Tuno	of.			\ D	222.0			
(a) Name of interested person		(b) Relationship interested per		(c) Amount of assistance		(d) Type of assistance		, , , ,				ļ		
		the organiz												
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CHICAGIC L	_ (1 0(1)(1 0 00 0)	330 LZ/ 2010	-		
Part IV	Business	Transactions	Involving	Interested	Persons.

Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's lues?
				Yes	No
Geri Smith	Family member of Ro	23,222.	Wages and b		х
Patrick Smith	Family member of Ro	10,539.	Wages and b		х
Kim Smith	Family member of Ro	10,539.	Wages and b		х
		·			
		<del></del>			
	1		<del></del>		
			_		
				<u> </u>	
	<del> </del>	<del></del>	<del> </del>	<del> </del> -	<u> </u>
Part V   Supplemental Information	<u>, , , , , , , , , , , , , , , , , , , </u>	<del></del>	L,,		
	annes to questions on Cohodula I. /occ.	matm.cat.ana\			
Provide additional information for resp	onses to questions on Schedule L (see i	nstructions			
Set I Deet IV Business Managastions	Involving Interested Persons.				
Sch L, Part IV, Business Transactions	involving interested Persons:				
4 ) by C. D					
(a) Name of Person: Geri Smith					
(b) Relationship Between Interested Pe	rson and Organization:				
Family member of Roy Smith, Officer					
(d) Description of Transaction: Wages	and benefits				
(a) Name of Person: Patrick Smith					
(b) Relationship Between Interested Pe	rson and Organization:				
Family member of Roy Smith, Officer					
(d) Description of Transaction: Wages	and benefits				
(a) Name of Person: Kim Smith					
(a) Name of Terson. Rim Smrth			·		
(b) Relationship Between Interested Pe	reen and Organization.				
(b) Relationship between interested re	Ison and Organization				
- 11 only of Dog Guith Office					
Family member of Roy Smith, Officer			<del></del>		
(d) Description of Transaction: Wages	and benefits				
	· — — —	<del></del>			

## SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

Open to Public

Name of the organization

Management Technologies International

Employer identification number

91-1703263 Part I Types of Property (d) (a) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art · Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or trust interests Securities · Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 70,898. Net Book Value 25 Other Furniture, Eq 26 Other 27 Other 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 · 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes." describe in Part II.

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2013)

33

## **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.

OMB No 1545-0047 Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Management Technologies International, Employer identification number 91-1703263 Inc.

Form 990, Part III, Line 4a, Program Service Accomplishments:
participants. Approximately 40 volunteers, including seconded staff
from other non-profit organizations, serve the organization.
Form 990, Part IV, Line 12b.
Explanation. 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). The U.S. GAAS and GAAP are used due to the material amount of
activity conducted inside the United States, and compatible financial
reporting practices used in other areas of operations, specifically in
Asia. FAS 117 is followed by the organization in preparing the
financial statements. Of note, \$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 VI, Section A, line 1:
Explanation: The Executive Committee consists of the Board Chairman, CEO
(also a Board member), and one or two other Board members. Broad authority
has not been delegated to the Executive Committee.
Form 990, Part VI, Section A, line 2:
Explanation: Officers Roy Smith and Officer Gregg Vossler have a business
relationship.

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization  Management Technologies International,	Employer identification number
Inc.	91-1703263
Form 990, Part VI, Section B, line 11:	<del></del>
Explanation: 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 in detail 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:	
Explanation: Board members, officers, and key employees complete and sign	
an annual conflict of interest questionnaire. Questionnaires are reviewed	
by the audit committee. If a conflict of interest were to arise, the	<del></del>
interested party discloses the conflict of interest and abstains from	· · · · · · · · · · · · · · · · · · ·
voting on the matter.	
Form 990, Part VI, Section B, Line 15:	
Explanation: 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:	
Explanation: Management Technologies International Inc. makes its Form	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Management Technologies International, Inc.	Employer identification number 91-1703263
1023 and Form 990s available to interested parties upon written request.	
Form 990, Part VI, Section C, Line 19.	
Explanation: Disclosure of governing documents, policies, and financial	
statements are made to interested parties upon written request.	
Form 990, Part VII, Section A, Column D	
Explanation: DISREGARDED ENTITY REPORTABLE COMPENSATION EXPLANATION:	
EXPLANATION: DISKEGARDED ENTITY REPORTABLE COMPENSATION EXPLANATION:	
Roy Smith	
Column D: Base compensation paid by filing organization and other	
compensation paid by disregarded entity.	
Gregg Vossler	
Column D: Other compensation paid by disregard entity.	
Form 990, Part VIII, Line 10c:	
Explanation: 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: 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 332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 9	990-EZ) (2013)	Page 2
Name of the organization	Management Technologies International,	Employer identification number
	Inc.	91-1703263
the previous year.		
the previous year.		
* ·		
-		
	<u></u>	
-		
		<del></del>
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SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ See separate instructions. ► Attach to Form 990.

2013

OMB No 1545-0047

Open to Public Inspection

**Employer identification number** 91-1703263 ▶Information about Schedule R (Form 990) and its instructions is at www its gov/form990. Management Technologies International, Inc. Name of the organization

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Wellspring Education Consultancy       Education consulting,         Street 2, Building 14, Unit 2       direct management, and         Bida Bin Amar, Al Ain, UNITED ARAB EMIRATES       other program iniatives in United Arab Emirates	Education consulting, direct management, and other program iniatives in	United Arab Emirates	1,459,288.	1,106,168.	Management Technologies 1,106,168.International, Inc.

Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year Part II

(a)	(q)	(0)	(p)	(e)	(1)	(6)	[
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public chanty	Direct controlling	controlled	<u> </u>
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	S S
LDI Foundation, Inc 36-4175586		1			Management		
16335 Highway 34 East, 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,					Technologies		
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) 2013

332161 09-12-13 LHA

91-1703263

Schedule R (Form 990) 2013

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

(a) (b)	-	(p)	(e)	-	(c)	(6)	ε	(i)	9	(k)
Primary activity	ity Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner?  Yes No
:										
}										
nizations Tax oration or trus	Identification of Related Organizations Taxable as a Corpo organizations treated as a corporation or trust during the tax y	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	omplete if the	e organization ar	nswered "Yes"	on Form 990, P	art IV, line 34	because it had o	ne or more	related
	Pring.	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)		(f) Share of total income	(g) Share of Pe end-of-year ov assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
Sharp Thinking Int'l (Qingdao) Co, Ltd Room 405 Jinguang Bldg, #56, Xiang Oincdao Shandong CHINA 266071	Education		M T China I	Management Fechnologies International		<305	<302,054.>	2,598,103.	100.00%	
			-							
							-	Schedul	Schedule R (Form 990) 2013	990) 2013

Schedule R (Form 990) 2013 Inc.

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more r	transactions with one or more related organizations listed in Parts II-IV?	in Parts II·IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				4b ×
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)				1d ×
e Loans or loan guarantees by related organization(s)				1e ×
f Dividends from related organization(s)				†
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				
i Exchange of assets with related organization(s)				it ×
j Lease of facilities, equipment, or other assets to related organization(s)				1j ×
k Lease of facilities, equipment, or other assets from related organization(s)				1k ×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 x
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			1n X
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X
0				
p Reimbursement paid to related organization(s) for expenses				×
<ul> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>				19 ×
r Other transfer of cash or property to related organization(s)				1 <b>.</b>
				1s ×
	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
( <del>5</del> )				
(7)				
(6)				
(4)				
(5)				
332163 09-12-13			Schedule	Schedule R (Form 990) 2013

91-1703263

Inc. Schedule R (Form 990) 2013 Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

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

Management Technologies International,

Schedule R (Form 990) 2013 Inc.	91-1703263	Page 5
Part VII Supplemental Information	-	
Provide additional information for responses to questions on Schedule R (see instructions).		
Part I, Identification of Disregarded Entities:		
Name of Disregarded Entity:		
Wellspring Education Consultancy		
wellspling Education Consultancy		
Primary Activity: Education consulting, direct management, and other		
program iniatives in UAE		
<del></del>		
Part II, Identification of Related Tax-Exempt Organizations:		
		<del></del>
Name of Related Organization:		
Int Poundation Inc		<del> </del>
LDI Foundation, Inc.		
Direct Controlling Entity: Management Technologies International Inc.		
Name of Related Organization:		
International Schools Consortium Inc.		
Direct Controlling Entity: Management Technologies International Inc.		<del></del>
	····	
Part IV, Identification of Related Organizations Taxable as Corp or Trust:	···	
Name of Related Organization:		
Name of Related Organization:		
Sharp Thinking Int'1 (Qingdao) Co, Ltd		
Direct Controlling Entity: Management Technologies International Inc.		
Schedule R, Part I		
Explanation: An organization chartered in a foreign country, with no		
separate EIN, operates within the filing organization and has been		
consolidated within the filing organization data for audit and Form 990	<u> </u>	
purposes.		
332165 09-12-13	Schedule R (For	m 990) 2013

Schedule R (Form 990) 2013 Inc.

Part VII Supplemental Information 91-1703263 Page 5 Provide additional information for responses to questions on Schedule R (see instructions)

Management Technologies International,

### Form **8868**

(Rev January 2014)

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.

▶ Information about Form 8868 and its instructions is at www irs.gov/form8868 ·

OMB No 1545-1709

• If you	are filing for an Automatic 3-Month Extension, complet	te only Pa	irt I and check this box	_	•	X			
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)					
	complete Part II unless you have already been granted a								
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months for a corp	ooration			
required	to file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an	extension			
of time	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for 3	Fransfers A	Associated With C	ertaın			
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filing of this	form,			
	w irs gov/efile and click on e-file for Charities & Nonprofits								
Part	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).					
A corpo	ration required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete					
Part I o	nly				•	▶ ∐			
	r corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time				
to file in	come tax returns			Enter file	r's identifying nu	mber			
Type or		Employer	identification num	nber (EIN) or					
print	Management Technologies International,								
File by the	Inc.		91-1703263						
due date f	or Number, street, and room or suite no. If a P.O. box, so	Social se	Social security number (SSN)						
filing your return Se	See 1000 might of 1200, No. 2								
instruction	only, town or post office, state, and all office is a series of the state of the st								
	Newnan, GA 30265								
	Deliver de la contraction de l		A						
Enter tr	e Return code for the return that this application is for (file	a separa	te application for each return)			0 1			
Analia	A	Datum	Andication			T D - 4			
Applica	ntion	Return	Application			Return			
Is For	20 av Farm 200 F7	Code 01	Is For			Code			
	90 or Form 990-EZ	02	Form 990-T (corporation) Form 1041-A			07			
Form 990-BL		02	Form 4720 (other than individual)			08			
	720 (individual)	03	Form 5227			10			
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust)		05	Form 6069			11			
	90-T (see 401(a) of 400(a) trust)	06	Form 8870			12			
T OITH 3	Cathy Murphy	1 00	1 61111 607 0			1 12			
• The	books are in the care of 🕨 1635 Highway 34 East,	Ste B -	Newnan GA 30265						
	phone No > 770-683-0808		Fax No ▶						
	e organization does not have an office or place of business	s in the Ur				•			
	s is for a Group Return, enter the organization's four digit			f this is fo	r the whole aroup.	check this			
box >	<del></del>	1	ach a list with the names and EINs o						
	request an automatic 3-month (6 months for a corporation					<u></u>			
	<u> </u>		ition return for the organization name		The extension				
15	for the organization's return for	_	-						
•	calendar year or								
•	x tax year beginning JUL 1, 2013	, an	id ending JUN 30, 2014						
			·						
<b>2</b> If	the tax year entered in line 1 is for less than 12 months, of	heck reas	son Initial return	Final retur	n				
	Change in accounting period								
3a II	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any						
n	onrefundable credits See instructions			3a	\$	0.			
b 11	this application is for Forms 990-PF, 990-T, 4720, or 6069								
е	estimated tax payments made. Include any prior year overpayment allowed as a credit				\$	0.			
	alance due. Subtract line 3b from line 3a Include your pa								
b	y using EFTPS (Electronic Federal Tax Payment System)	See instru	ictions	3c	\$	0.			
Cautio	n. If you are going to make an electronic funds withdrawal	(direct de	ebit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879-EO	for payment			

Form 886	8 (Rev 1-2014)					Page 2			
	are filing for an Additional (Not Automatic) 3-Month	Extension, o	complete only Part II and check this	box		<u>x</u>			
	ly complete Part II if you have already been granted				8868				
	are filing for an Automatic 3-Month Extension, com		- · · · · · · · · · · · · · · · · · · ·						
Part II	Additional (Not Automatic) 3-Mont	h Extensio	n of Time. Only file the origin	al (no co	opies need	ded).			
			Enter filer's	identifyir	ng number, s	see instructions			
Type or	Name of exempt organization or other filer, see in	Employer identification number (EIN) or							
print	Management Technologies International,					, ,			
File by the	Inc.	91-1703263							
due date for	e for Number, street, and room or suite no. If a P.O. box, see instructions				Social security number (SSN)				
filing your return See	UT 1025 Highway 24 Book No B				•	` '			
instructions	City, town or post office, state, and ZIP code For	a foreign add	Iress, see instructions						
	Newnan, GA 30265	J	·						
			*						
Enter the	Return code for the return that this application is fo	r (file a separa	te application for each return)			0 1			
2,110, 11,0	Tiotom occoron and rotom and and approximents	( = ===	,			لحلحا			
Applicati	on	Return	Application			Return			
ls For		Code	is For						
	or Form 990-EZ	01							
Form 990		02	Form 1041-A		08				
Form 4720 (individual)		03	Form 4720 (other than individual)	ndıvıdual)					
Form 990		04	Form 5227						
Form 990	0-T (sec 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)			Form 8870			12			
STOP! D	o not complete Part II if you were not already gra	nted an autor	natic 3-month extension on a prev	iously file	ed Form 886	8.			
	Cathy Murphy								
• The b	ooks are in the care of 🕨 1635 Highway 34 Eas	st, Ste B -	Newnan, GA 30265						
	none No > 770-683-0808		Fax No ▶						
	organization does not have an office or place of bus	— iness in the Ui	nited States, check this box						
	is for a Group Return, enter the organization's four of			f this is fo	r the whole g	roup, 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 exter	nsion is for			
4   I re	quest an additional 3-month extension of time until	May 15	, 2015						
<b>5</b> For	calendar year, or other tax year beginning	JUL 1, 2	, and endin	g_ лии.	30, 2014				
	If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return								
Change in accounting period									
7 Sta	ate in detail why you need the extension								
AD	ADDITIONAL TIME IS NEEDED TO GATHER AND ANALYZE ACCOUNTING DATA TO								
PR	PREPARE AN ACCURATE RETURN.								
		-		•					
8a If t	his application is for Forms 990-BL, 990-PF, 990-T, 4	720, or 6069,	enter the tentative tax, less any						
no	nrefundable credits See instructions			8a	\$	0.			
b lft	his application is for Forms 990-PF, 990-T, 4720, or 6	6069, enter ar	y refundable credits and estimated						
tax	tax payments made include any prior year overpayment allowed as a credit and any amount paid								
pr	eviously with Form 8868			8b	\$	0.			
с <sub>Ва</sub>	lance due. Subtract line 8b from line 8a Include you	ur payment wi	th this form, if required, by using						
EF	TPS (Electronic Federal Tax Payment System) See			8c	\$	0.			
	Signature and Verif	ication mu	st be completed for Part II o	only.	···-				
Under per it is true, o	nalties of perjury, I declare that I have examined this form, it correct, and complete, and that I am authorized to prepare t	ncluding accom his form	panying schedules and statements, and to	the best o	of my knowled	ge and belief,			
Signature	► Daud C. Min Title	CPA, PA	RTNER	Date	2/13/15	5			