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Form **990**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. Open to Public Inspection

A F	or the	2014 calendar year, or tax year beginning JUL 1,	2014	and	ending •	JUN 30, 2015	
Bc	heck if pplicable	C Name of organization Management Technologies International				D Employer ider	ntification number
	Addres:						
	Name change		01.1702062				
$\overline{\Box}$	Initial	Number and street (or P.O. box if mail is not delivered	o street addr	ress)	Room/suite	E Telephone nun	nber
	Final return/	1635 Highway 34 East		,	В		-683-0808
	termin- ated	City or town, state or province, country, and ZIP or	foreign pos	stal code		G Gross receipts \$	4,229,174.
	Amend					H(a) Is this a grou	up retum
	Applace tion	I F Name and address of principal officer marching at	opper			for subordina	ates? Yes X No
	pending	same as C above				H(b) Are all subordina	ates included? Yes No
II	ax-exe	mpt status	sert no.)	4947(a)(1)	or 52	7 If "No," attac	ch a list (see instructions)
JV	Vebsit	www.LDiChina.com				H(c) Group exem	ption number 🕨
		organization: x Corporation Trust Associati	0 nc)ther 🕨	L Yea	r of formation: 1995	M State of legal domicile; NC
Pa		Summary					
ø	1 E	Briefly describe the organization's mission or most signif					
Activities & Governance	<u> </u>	raining: To promote a culture of integri					
e.		Check this box 🕨 📖 if the organization discontinue		tions or dispo	sed of mo	re than 25% of its ne	
Š	3 1	lumber of voting members of the governing body (Part	/I, line 1a)				3 10
a 8	4 1	lumber of independent voting members of the governin	g body (Par	rt VI, line 1b)			4 9
es	5 7	otal number of individuals employed in calendar year 20)14 (Part V,	, line 2a)			5 60
ixit	6	otal number of volunteers (estimate if necessary)				ļ	6 30
Act	7a 1	otal unrelated business revenue from Part VIII, column	(C), line 12			, , , , , , , , , , , , , , , , , , ,	7a 0.
	1 d	let unrelated business taxable income from Form 990-T	, line 34				7b 0.
	l				-	Prior Year	Current Year
9	i .	Contributions and grants (Part VIII, line 1h)			<u> </u>	2,503,70	
Revenue	l	Program service revenue (Part VIII, line 2g)	\			2,023,5	47. 288.
æ	1	nvestment income (Part VIII, column (A), lines 3, 4, and	-	18,1			
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1			 -	4,545,40	
	1	otal revenue - add lines 8 through 11 (must equal Part)		i (A), iine 12)		537,8	
	l .	Grants and similar amounts paid (Part IX, column (A), line			-	337,0	0. 0.
	I	Benefits paid to or for members (Part IX, column (A), line Salaries, other compensation, employee benefits (Part IX		1) lines 5.10\	-	1,581,5	<u> </u>
Ses		Professional fundraising fees (Part IX, column (A), line 11		-1), iii les 5-10)			0. 0.
Expenses		otal fundraising expenses (Part IX, column (D), line 25)	<i>c,</i> ▶	96	449.	-	
Ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-2	46)	אבואי ח	ICIO	1,259,9	01. 1,349,908.
		otal expenses Add lines 13-17 (must equal Part IX, cold		625) 1VIV		3,379,2	
		Revenue less expenses Subtract line 18 from line 12	[हिं		H	1,166,2	
Sor		tovorted toda experience department in the mention of		3 3 5016		Beginning of Current Yo	ear End of Year
and	20	otal assets (Part X, line 16)	osc		П		
t Assets of Balanc	21	otal liabilities (Part X, line 26)		CEINEL	1-111	1,988,1	91. 1,388,163.
활		Net assets or fund balances Subtract line 21 from line 2	و یا	יבוועבו		3,713,9	20. 4,608,255.
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, includ					of my knowledge and belief, it is
true	, correct	, and complete-Declaration of preparer (other than officer) is b	ased on all in	formation of w	hich prepar		
		1 Chthy Burny		_		<u></u>	16-2016
Sig	n	Signature of office				Date	
Her	·e	Cathy Murphy, Treasurer					
		Type or print name and title				I Data	- I STIN
		Print/Type preparer's name	rer's signatu	r C. 7	M	Date Check	— 1
Paid			<u>uuci</u>	<u> </u>	<u> ,,,,τ</u>		employed P00747006
		Firm's name Capin Crouse LLP				Firm's EIN	36-3990892
Use	Only	Firm's address 1255 Lakes Parkway, STE 130				84	670 E10 E20*
		Lawrenceville, GA 30043				Phone no.	678-518-5301
May	y the IF	S discuss this return with the preparer shown above? (ee instruct	tions)	·		X Yes No

A0 60

Management Technologies International,

Form	990 (2014) Inc.	91-1703263 Page 2
	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission	
	Faith-based education and training: To promote a culture of integrity	
	to urban professionals and their families in East Asia, and beyond,	
	through character-centered education services.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	- · · · · · · · · · · · · · · · · · · ·
	revenue, if any, for each program service reported	,
4a	(Code) (Expenses \$ 1,582,273. including grants of \$ 165,125.) (Rever	nue\$ 3,309,614.)
	Education and Training - Provided/Supported faith-based English	, , , , , , , , , , , , , , , , , , , ,
	language education and business training programs in Asia. Recruited	
	trained and sent over 145 teachers and field staff (foreign and	
	national) to seven international schools (K-12), with more than 1,900	
	students from over 20 countries, and to business and language training	
	programs in seven major cities in Asia. Outreach for intensive	
	year-long faith-based teacher training reached over 22 participants,	
	with an additional 200 national teachers and parents and 27 graduate	
	level national students trained through specific outreach events and	
	curriculum based programs. Faith-based experiential education reached	
	over 1,000 participants. Faith-based business training/coaching reached	
	over 400 participants, Approximately 30 volunteers, including seconded	
	0.00	
4b	(Code)(Expenses \$ 845,870. including grants of \$) (Revertible) Mobilization - Mobilized and assisted over 145 teachers, volunteers and	1ue \$)
	staff members who serve in faith-based initiatives in East Asia, and	
	beyond, or who serve in support of faith-based initiatives in East	
	Asia and beyond.	
	ABIA, and beyond.	
		
4c	(Code) (Expenses \$) (Rever	nue \$)
		
4d	Other program services (Describe in Schedule O)	-
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 2,428,143.	
		Form 990 (2014)

	990 (2014) Inc. 91-1703263		P	age 3
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
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			۱
_	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			l x
_	dunng the tax year? If "Yes," complete Schedule C, Part II	4		┝┷
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3	 	-
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	<u> </u>	
•	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	Ė		
•	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	<u> </u>	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, 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	X	
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		x	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	_	-
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		l x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		١.,	}
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	-	 ^
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
12	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 -	-	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			T^-
	complete Schedule G. Part III	19	1	x

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

	rt IV Checklist of Required Schedules (continued)		Tv.	г
	District the second sec		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	١.,	l ,	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		١
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No", go to line 25a	24a	<u> </u>	Х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	L.
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	1		
	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	l		1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Х	

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

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

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O

33		X
34	x	
35a	X	
35b		x
36		х
37		х

28c

29

30

X

X

Form 990 (2014)

Form	990 (2014) Inc. 91-1703263		Р	age \$				
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance							
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 13							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ				
	(gambling) winnings to prize winners?	1c	х					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 60			ĺ				
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	l				
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	05		_				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х					
h	If "Yes," enter the name of the foreign country China, United Arab Emirates	 -						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			ĺ				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
-	any contributions that were not tax deductible as charitable contributions?	6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		 				
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).	05		_				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
•	to file Form 8282?							
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8	'	İ				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		ĺ				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12			ĺ				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i				
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them)			i				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	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.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O							
ь	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans							
С	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

91-1703263

Form 990 (2014) Inc. 91-1703263 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response 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					<u> </u>				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b									
2										
	officer, director, trustee, or key employee?									
3										
	of officers, directors, or trustees, or key employees to a management company or other person?									
4										
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х				
6	Did the organization have members or stockholders?			6		х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or							
	more members of the governing body?			7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or							
	persons other than the governing body?			7b		х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar by th	e following:							
а	The governing body?			8a	х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi	evenu	e Code)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, 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 boo	dy befo	re filing the form?	11a	X					
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 ris	e to con	flicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	/es," d	escribe							
	ın Schedule O how this was done			12c	х					
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approve	al by #	ndependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•				l				
а	The organization's CEO, Executive Director, or top management official			15a	х	<u> </u>				
b	Other officers or key employees of the organization			15b	х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				1					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a							
	taxable entity during the year?			16a	х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	ınızatıc	n's	[1				
	exempt status with respect to such arrangements?			16b	х					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶GA									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply		-							
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict (of interest policy, an	d finan	cial					
	statements available to the public during the tax year									
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	nd records							
	Cathy Murphy - 770-683-0808									
	1635 Highway 34 East, Ste B, Newman, GA 30265									

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

X

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

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

Week (stary hours for related organizations below line) Martin Klopper 32,00 President & Director 8.00 X X 0. 15,438.	(F)
Contended to the content than one port week (list any hours for related organizations below line) President & Director 8.00 X X X 0. 15,438.	
Week (list any hours for related organizations below line) Septiment & Director Septi	Estimated
Comparison Com	amount of
(1) Martin Klopper 32.00 President & Director 8.00 X X	other ompensation
(1) Martin Klopper 32.00 President & Director 8.00 X X	from the
(1) Martin Klopper 32.00 X X 0. 15,438. President & Director 8.00 X X 0. 15,438. (2) Peter Regez 32.00 X X 0. 12,996. (3) Ron Harris 1.00 X X 0. 0. (4) Robyn Harris 1.00 X 0. 0. 05 Goh Kng Yan 1.00 X 0. 0. 05 Goh Kng Yan 1.00 X 0. 0. 06 Thomas Winkler 1.00 X 0. 0. 07 Chan Kei Thong 1.00 X 0. 0. 08 Sunny Ouyang 1.00 X 0. 0. 09 Gale Cawood 1.00 X 0. 0.	organization
(1) Martin Klopper 32.00 President & Director 8.00 X X	and related
(1) Martin Klopper 32.00 President & Director 8.00 X X	organizations
Martin Klopper 32.00	
Record R	
Part Year President & Director 8.00 X X 0. 12,996.	5,614
1.00 Board Chairman 1.00 X X X 0. 0. 0.	
Board Chairman	6,830
1.00 Nobyn Harris	
Director 1.00 X 0. 0. 0.	0
1.00 1.00 X 0.	
Director 1.00 X 0. 0.	0
(6) Thomas Winkler 1.00 Director 1.00 (7) Chan Kei Thong 1.00 Director 1.00 (8) Sunny Ouyang 1.00 Director 1.00 (9) Gale Cawood 1.00	_
Director 1.00 X 0. 0. 0.	0
(7) Chan Kei Thong 1.00 Director 1.00 X (8) Sunny Ouyang 1.00 Director 1.00 X (9) Gale Cawood 1.00	
Director 1.00 X 0. 0.	0
(8) Sunny Ouyang 1.00 Director 1.00 (9) Gale Cawood 1.00	
Director 1.00 X 0. 0. (9) Gale Cawood 1.00	0
(9) Gale Cawood 1.00	
	0
Director 1.00 X 0. 0.	0
(10) Scott Crosby 1.00	
Director 1.00 X 0.	0
(11) Insoo Jeong 1.00	
Part Year Director 1.00 X 0.	0
(12) Roy Smith 32.00	
Vice-President 8.00 X 38,992. 0.	5,490
(13) Gregg Vossler 32.00	
Vice-President 8.00 X 0.	0
(14) Randy Ebeling 32.00	
Vice-President 8.00 X 48,964. 0.	3,628
(15) Scott Finnamore 32.00	
Vice-President 8.00 X 0. 57,537.	8,915
(16) Cathy Murphy 32.00	
Treasurer 8.00 X 68,366. 0.	7,426

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)											(F)			
Name and title	Average	e Position (do not check more than one						Reportable	Reportable	Estimated				
	hours per	box	, unles	ss pe	rson	is bot	n an	compensation	compensation	1				
	week (list any	_	701 211	0 2 0	I	1,003		from	from related	1	other			
	hours for	Irect				_		the organization	organizations (W-2/1099-MISC)	compensation C) from the				
	related	38 OF C	stee			ısatec		(W-2/1099-MISC)	(11-27 1000 111100)	organization				
	organizations	truste	al tru:		ye ye	шре		(,			and rela			
	below	individual trustee or director	insblutronal trustee	ЭЭ	Key employee	Highest compensated employee	ner			OI	ganızat	ions		
	line)	Indi	Inst	Officer	Ke		For							
										1				
									—					
	 													
									+					
	<u> </u>													
										+				
			Н		-	┢				+				
		-	Н		\vdash					+-				
		\vdash	Н		-	╁┈				+				
	<u> </u>													
		\vdash	Н	\vdash	┢	\vdash				+				
		l												
1b Sub-total			•			_	<u> </u>	156,322.	85,971		37	,903.		
c Total from continuation sheets to Part VII, Section A								_	0.					
d Total (add lines 1b and 1c)									. 37,903.					
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed a	bov	e) wł	no r	eceived more than \$100	,000 of reportable					
compensation from the organization												0		
											Yes	No		
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	mplo	oyee	or	highest compensated e	mployee on		ļ]		
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X		
4 For any individual listed on line 1a, is the si	•		•					•	the organization			,		
and related organizations greater than \$15	0,000? If "Yes,	° co	mple	ete S	Sche	edule	e J i	for such individual		4		Х		
5 Did any person listed on line 1a receive or	•						elat	ted organization or indivi	dual for services		l	İ		
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son				5	Х	Ь		
Section B. Independent Contractors									\$400.000(
1 Complete this table for your five highest co										isatio	n trom			
the organization Report compensation for	the calendar y	ear	enai	ng v	vitri	Or W	ILTIII	(B)	year I		(C)			
(A) Name and business	address							Description of s	ervices	Com	pensatio	on		
3T Advisors LLC, 2535 Rosedale Stree			_				\dashv	· -		'	<u> </u>			
Highland Village, TX 75077	•						- 1	 Consulting/Mgmt Se	rvices		108	,000.		
									İ					
2 Total number of independent contractors (ıncluding but r	ot li	mite	d to	tho	se li	ste	d above) who received n	nore than					
\$100,000 of compensation from the organ	zation >					1								

Form 990 (2014)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 (C) Unrelated (B) Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c 899,407. 1d d Related organizations 1e Government grants (contributions) f All other contributions, gifts, grants, and 9,676. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 909,083 h Total. Add lines 1a-1f Business Code 611710 3,308,231 3,308,231 Education/Support Svcs Program Service Revenue All other program service revenue 3,308,231 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 288 288. 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 and sales expenses c Gain or (loss) d Net gain or (loss) \triangleright 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 4.474 and allowances 3,091. b Less cost of goods sold 1,383, 1,383 c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 11 a Miscellaneous 7,098 7,098. d All other revenue 7,098. Total. Add lines 11a-11d 3,309,614. 7,386. 4,226,083. Total revenue. See instructions. Form 990 (2014)

91-1703263

Page 10

	1990 (2014) Inc. rt IX Statement of Functional Expense	es		91-17032	263 Page 1
	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns All oth		mplete column (A)	
	Check if Schedule O contains a respons				<u>.</u>
	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 domestic organizations	40.500	40.500		
_	and domestic governments. See Part IV, line 21	49,609.	49,609.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign			· · · · · · · · · · · · · · · · · · ·	
3	- I				
	organizations, foreign governments, and foreign	115,516.	115,516.		
	Individuals See Part IV, lines 15 and 16	113,310.	113,310.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	196 705	56 011	112 022	10 67
_	trustees, and key employees	186,705.	56,011.	112,023.	18,671
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	21 075	21 075		
_	persons described in section 4958(c)(3)(B)	31,075.	31,075.	222 526	25.10
7	Other salaries and wages	1,292,156.	926,236.	330,796.	35,12
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	202,179.	164,756.	33,526.	3,89
10	Payroll taxes	104,600.	68,099.	32,700.	3,80
11	Fees for services (non-employees)				
а	Management	108,000.	82,693.	25,307.	
b	Legal	53,229.	323.	52,906.	
C	Accounting	43,628.		43,628.	
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.)	7,455.	5,708.	1,747.	
12	Advertising and promotion	77,379.	55,165.	20,038.	2,170
13	Office expenses	29,090.	18,718.	9,955.	411
14	Information technology	19,566.	12,467.	6,042.	1,057
15	Royalties				
16	Occupancy	116,823.	69,988.	39,860.	6,975
17	Travel	246,049.	211,697.	20,034.	14,318
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	35,066.	30,062.	4,974.	3(
20	Interest				
21	Payments to affiliates		···		
22	Depreciation, depletion, and amortization	94,706.	54,919.	33,861.	5,92
23	Insurance	19,781.	9,820.	8,477.	1,48
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 (D.)		-,-22.		<u> </u>
	Orientetion/Training	154 345	137 978	16 367	

154,345.

115,143.

89,455.

50,390.

89,803.

3,331,748.

137,978.

115,143.

89,455.

48,766.

73,939.

2,428,143

16,367

1,414.

13,501.

807,156

210.

2,363.

96,449.

25

Orientation/Training

Foreign Taxes

e All other expenses

d Other Miscellaneous

Bad Debt (Program Recei

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Check here

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

91-1703263 Page 11 Form 990 (2014) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 3,112,581 2,090,198. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 62,351, 2 62,639. 3 Pledges and grants receivable, net 151,610. 1,223,498. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see instr) Complete Part II of Sch L Notes and loans receivable, net 9,413. 19,709. Inventories for sale or use 8 88,229. 114,812. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 600,043 10a basis Complete Part VI of Schedule D 375,562. 174,723. Less accumulated depreciation 10b 10c 224,481. Investments - publicly traded securities 11 11 investments - other securities See Part IV, line 11 12 12 2,026,092. 2,026,092, 13 Investments - program-related See Part IV, line 11 13 14 14 Intangible assets 77,112. 234 989. 15 15 Other assets See Part IV, line 11 5,702,111. 5,996,418. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 224,677. 528,896. 17 17 Accounts payable and accrued expenses 18 18 Grants pavable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 1,763,514. 859,267. Schedule D 1,988,191. 1,388,163. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 2,828,543. 3,512,648. 27 27 Unrestricted net assets 885,377. 1,095,607. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 5,996,418. Form 990 (2014)

4,608,255.

32

33

3,713,920.

5,702,111.

32

33

Management Technologies International,

Form	990 (2014) Inc.	91-17032	∶63	Pag	ge 12				
Pa	rt 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			,083. ,748.				
2									
3	Revenue less expenses Subtract line 2 from line 1	3			335.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,713,	,920.				
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	4	,608	,255.				
Pa	rt XIII 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 Lash Accrual Cother		.]						
	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 reviewe	d on a							
	separate basis, consolidated basis, or both				İ				
	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 separa	te basis,							
	consolidated basis, or both								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O							
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 Audıt							
	Act and OMB Circular A-133?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2014)				

91-1703263

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Management Technologies International,

Employer identification number 91-1703263

Pa	Part I Reason for Public Charity Status (All organizations must complete this part) See instructions												
The	organ	ization is not a private found	ation because it is (For lines 1 through 11, o	check only	one box)							
1		A church, convention of ch		-	-								
2	х	A school described in secti				, ,							
3	一			•	ection 170	YhY(1)(A)(ii	i)						
4	一	☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4	ш	· · · · · · · · · · · · · · · · · · ·	ation operated in col	njunction with a nospita	i described	in sectio	ii iio(b)(i)(A)(iii). Liitei	ine nospitai s name,					
_		city, and state	with a basseft of a sa	llaga ar ugusandu awaa	d a- ana-a	tod bu o a	avaramantal vad dage-b						
5	لـــا	An organization operated for		liege or university owner	o or opera	ted by a go	overnmental unit describ	ea in					
		section 170(b)(1)(A)(iv). (C	•										
6	닏	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II)											
8	\square	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II)								
9		An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from					
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its support	from gross investment					
		income and unrelated busing	•	•									
		See section 509(a)(2). (Cor		` ,		•	, 0	,					
10		An organization organized a	,	ively to test for public sa	afety See	section 50)9(a)(4).						
11	一	An organization organized a	•	•	•			nurnoses of one or					
٠.		more publicly supported or	•	•	•		•	• •					
			•					Meck the box in					
_		lines 11a through 11d that											
а		☐ Type I. A supporting organization.	• •	•			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•					
		the supported organization	• • •	• • • •	a majorπy	ot the aire	ctors or trustees of the s	upporting					
	_	organization You must o											
t	. L	☐ Type II. A supporting org	•				•	•					
		control or management o	f the supporting orga	anization vested in the s	same perso	ons that co	ontrol or manage the sup	ported					
	_	organization(s) You mus	t complete Part IV,	Sections A and C.									
c	: L	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functionally integrate	ed with,					
		ts supported organization	n(s) (see instructions	You must complete	Part IV, Se	ections A,	D, and E.						
c	ı L	☐ Type III non-functionally	y integrated. A supp	orting organization opei	rated in co	nnection v	vith its supported organi	zation(s)					
		that is not functionally int	egrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness					
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	s A and D,	and Part	V.						
•	, \square	Check this box if the orga		•									
		functionally integrated, or					71 71 71						
•	Ente	er the number of supported of		,g. a.a.a aappa									
		vide the following information	-	od organization(s)									
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(ıv) is the o	rganization	(v) Amount of monetary	(vi) Amount of					
		organization		(described on lines 1-9		in your	support (see	other support (see					
				above or IRC section		document?	Instructions)	Instructions)					
_				(see instructions))	Yes	No							
					1								
						ļ							
						l '							
						L							
		-						`					
					<u> </u>	<u></u>							
		<u> </u>											

Schedule A (Form 990 or 990-EZ) 2014 Inc.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	•					
	or expended on its behalf			<u></u>			
3	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization without charge						
4	Total. Add lines 1 through 3			<u> </u>	<u> </u>		
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly	ŀ					
	supported organization) included						
	on line 1 that exceeds 2% of the	ļ					
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>		
Sec	ction B. Total Support			,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4			ļ	ļ		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				<u> </u>		
9	Net income from unrelated business					İ	
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital					ļ.	
	assets (Explain in Part VI)						<u> </u>
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and sto						▶└
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2014. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	nore, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶└
b	33 1/3% support test - 2013. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	6 or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	zation			▶└
17a	10% -facts-and-circumstances tes	t - 2014. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	ces" test, check t	this box and stop l	here. Explain in Pa	irt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2013. If the org	janization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, o	check this box and	stop here. Explai	n in Part VI how the	• <u> </u>
	organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a publ	licly supported org	anızatıon	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨 🗀
					Sch	edule A (Form 990	or 990-F7) 2014

Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	1					
	iness under section 513						
4	Tax revenues levied for the organ-	1					
	ızatıon's benefit and either paid to	'					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	,				ł	
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received]					
	from other than disqualified persons that exceed the greater of \$5 000 or 1% of the	}					
	amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)		<u> </u>				l
<u>Se</u>	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10	Gross income from interest, dividends, payments received on					İ	
	securities loans, rents, royalties						1
	and income from similar sources						
t	Unrelated business taxable income				1		
	(less section 511 taxes) from businesses						İ
	acquired after June 30, 1975						
	Add lines 10a and 10b						ļ
11	Net income from unrelated business activities not included in line 10b,					}	
	whether or not the business is						
40	regularly carned on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI)						<u> </u>
	Total support (Add lines 9, 10c, 11, and 12)			1.6.11.601.	<u> </u>	5044 \(\(\(\) \)	<u> </u>
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
<u> </u>	check this box and stop here	io Support Do	roontogo				
_	····			naluma (f))		145	
	Public support percentage for 2014 (Public support percentage from 2013)	• • • • • • • • • • • • • • • • • • • •	•	column (i))		15	<u>%</u> %
_	ction D. Computation of Inve			· · · · · · · · · · · · · · · · · · ·		_ 10]	70
	Investment income percentage for 20				·	17	 %
	Investment income percentage from	•	•	10, coluini (I))		18	——————————————————————————————————————
	33 1/3% support tests - 2014. If the			on line 14, and line	e 15 is more than '		
137	more than 33 1/3%, check this box a	-					13 1100
	33 1/3% support tests - 2013. If the	-	=				and
١	line 18 is not more than 33 1/3%, chi	•			•		
20	Private foundation. If the organization			•		-	
<u></u>				,			<u> </u>

Page 4

Schedule A (Form 990 or 990-EZ) 2014 Inc. Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1_1_		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	1		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	i		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination			
•	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		•
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? /f "Yes,"	1		
-	answer (b) and (c) below (if applicable) Also, provide detail in Part VI. including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			İ
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		l
b		Ja		\vdash
	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	50		
0	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		├
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			1
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	_		ł
_		7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			ł
0-	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in part VI.	9a	-	
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		<u> </u>
C	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Ь—
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			1
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		<u> </u>

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Sche	dule A (Form 990 or 990-EZ) 2014 Inc. 91-170	3263	Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		ŀ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ì	İ	
	controlled the organization's activities. If the organization had more than one supported organization,		1	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		ł	ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	1	Ī
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		ŀ	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		ŀ	
	the supported organization(s)	1 1	l	
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax		İ	
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ŀ	1	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's		1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		l
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions	1.		
· a	The organization satisfied the Activities Test Complete line 2 below	<i>,</i> .		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	struction	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		l
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	t
~	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
	activities but for the organization's involvement	2b	1	1
2		1	+	\vdash
3	Parent of Supported Organizations Answer (a) and (b) below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			1
а		3a	†	
L	trustees of each of the supported organizations? Provide details in <i>part VI</i> .	3a _	+	1
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in part vi the role played by the organization in this regard	3b	1	
	or no supported organizations: it is too, describe in PRT VI the following the organization in this regard	1 00		

7

8

<u>1</u>

3

<u>4</u> 5

	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y-ıntegi	rated Type III supporting orga	anization (see
	instructions)			

Current Year

4

Recoveries of prior-year distributions

Section C - Distributable Amount

Enter greater of line 2 or line 3

Income tax imposed in prior year

Enter 85% of line 1

Minimum Asset Amount (add line 7 to line 6)

Adjusted net income for prior year (from Section A, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Minimum asset amount for prior year (from Section B, line 8, Column A)

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	· · · · · · · · · · · · · · · · · · ·
Secti	on D	- Distributions		<u> </u>	Current Year
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	nizations, in excess of income from activity			
3	Admı	nistrative expenses paid to accomplish exempt purpose	is		
4	Amou	unts paid to acquire exempt-use assets			
5	Qualr	fied set-aside amounts (prior IRS approval required)			
6	Othe	r distributions (describe in Part VI) See instructions			
7_	Total	annual distributions. Add lines 1 through 6			
8	Dıstrı	butions to attentive supported organizations to which the	he organization is responsive	9	
	(prov	ide details in Part VI) See instructions			
9	Dıstrı	butable amount for 2014 from Section C, line 6			
10	Line	8 amount divided by Line 9 amount			
			(i)	(ii)	(iii)
Conti	ion E	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	ion E	- Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distri	butable amount for 2014 from Section C, line 6			
2	Unde	erdistributions, if any, for years prior to 2014			
	(reas	onable cause required-see instructions)			
3	Exce	ss distributions carryover, if any, to 2014			
a					-
b					
С					
d					
е	From	2013			
f	Total	of lines 3a through e			
g	Appli	ed to underdistributions of prior years			
h	Applı	ed to 2014 distributable amount			
j	Carry	over from 2009 not applied (see instructions)			·
j_	Rema	ainder Subtract lines 3g, 3h, and 3i from 3f			,
4	Dıstn	butions for 2014 from Section D,			
	line 7	\$			
а	Appli	ed to underdistributions of prior years			
b	Appli	ed to 2014 distributable amount			
	Rema	ainder Subtract lines 4a and 4b from 4			
5	Rema	aining underdistributions for years prior to 2014, if			
		Subtract lines 3g and 4a from line 2 (if amount			
	great	er than zero, see instructions)			
6	Rema	aining underdistributions for 2014 Subtract lines 3h			
	and 4	1b from line 1 (if amount greater than zero, see			
	ınstru	uctions)			
7	Exce	ess distributions carryover to 2015. Add lines 3j			
	and 4	4c			
8	Breal	kdown of line 7			
а					
b					
d	Exce	ss from 2013			
e	Exce	ss from 2014			
				Schedule A	(Form 990 or 990-EZ) 2014

Management Technologies International,

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line Also complete this part for any additional information (See instructions)	91-1703263 Pag 17a or 17b, and Part III, line 12
Also complete this part for any additional information (See instructions)	
	
	·
	<u></u>
	
	
	hadula A (Farm 200 or 200 E7) 2

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 www.irs.gov/torm990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Management Technologies International,

Employer identification number 91-1703263

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	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 value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds				
	are the organization's property, subject to the organization's		Yes No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only				
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Pai	rt IV, line 7				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histori	cally important land area				
	Protection of natural habitat	Preservation of a certific	ed historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied 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				
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	e				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements		☐ Yes ☐ No				
6	Staff and volunteer hours devoted to monitoring, inspecting						
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(n)(4)(B)(I)				
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservational include, if applicable, the text of the footnote to the organization.						
		mon's imancial statements that describes th	le organization's accounting for				
Pai	conservation easements t III Organizations Maintaining Collections of	f Art. Historical Treasures, or Oth	ner Similar Assets.				
	Complete if the organization answered "Yes" to Form						
12	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art.				
	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descri		,				
ь	If the organization elected, as permitted under SFAS 116 (A		and balance sheet works of art, historical				
_	treasures, or other similar assets held for public exhibition, e						
	relating to these items	,	,				
	(i) Revenue included in Form 990, Part VIII, line 1		> \$				
	(ii) Assets included in Form 990, Part X		> \$				
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financial	gain, provide				
_	the following amounts required to be reported under SFAS		-				
а	Revenue included in Form 990, Part VIII, line 1	•	▶ \$				
	Assets included in Form 990. Part X		> \$				

	dule D (Form 990) 2014 Inc.							91-17032		Page 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	r Other	r Simil	<u>ar Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that	are a sig	ınıfıcant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	d	ı 🖳	Loan or exc	hange prograi	ms				
b	Scholarly research	e	\Box	Other						
С	Preservation for future generations				<u> </u>					
4	Provide a description of the organization's co	ollections and explai	ın how th	ney further t	he organizatio	n's exem	pt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	r sımılar a	assets		_	
_	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			L	Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" to F	orm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other ass	ets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial accou	ınt lıabılıt	y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII	Check here if the ex	xplanation	on has been	provided in P	art XIII				
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" to Fo	rm 990, Part I	V, line 10)			
		(a) Current year	(b) F	rior year	(c) Two years	back (c	d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance							,		
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					1				
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%								
За	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	and administer	ed for the	e organi	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sche	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds						
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" to Form 990), Part IV	/, line 11a S	See Form 990,	Part X, III	ne 10			
	Description of property	(a) Cost or o			t or other		cumulate		(d) Book	value
		basis (investi	ment)	basis	(other)	depr	reciation			
1a	Land .			ļ					· · · · · ·	
b	Buildings			<u> </u>						
C	Leasehold improvements				17,672.			453.		4,219.
d	Equipment			ļ	569,254.			856.		219,398.
	Other			<u> </u>	13,117.		12,	253.		864.
Total	I. Add lines 1a through 1e (Column (d) must e	egual Form 990, Part	X. colur	mn (B), line 1	10c)					224,481.

•	ologies Internationa	1,			_
Schedule D (Form 990) 2014 Inc.	·		91-1	1703263	Page 3
Part VII Investments - Other Securities.		141- 0 - 5 - 000 D-	+ V 1 40		
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu		of your marks	t value
	(b) Book value	(c) Method of Valu	ation Cost or end	-or-year marke	t value
(1) Financial derivatives					
(2) Closely-held equity interests	-				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)		<u></u>			
(H)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)					
Part VIII Investments - Program Related.					
Complete if the organization answered "Yes"					
(a) Description of investment	(b) Book value	(c) Method of valu	ation Cost or end	l-of-year marke	t value
(1) Sharp Thinking (Qingdao Entity)	1,933,748.	Cost			
(2) International Schools Sponsorship	62,344.	Cost			
(3) Wellspring (a Libyan Ltd Entity)	30,000.	Cost			
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	2,026,092.				
Part IX Other Assets.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d See Form 990, Pa	rt X, line 15		
(a)	Description			(b) Book	value
(1)					
(2)		•			
(3)					
(4)					
(5)					
(6)					
(7)	· · · · · · · · · · · · · · · · · · ·				
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 15)		▶		
Part X Other Liabilities.					
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f See Form 9	90, Part X, line 25		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) Due to International Schools		648,569.			
(3) Amount due to affiliates		210,698.			
(4)					
(5)	·				
(6)					
(7)					
(8)	-				

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Sche	edule D (Form 990) 2014		91-1703263	Page 4
	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recovenes of prior year grants	2c		
d	,	2d		
е	•		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1		
а	, , ,	4a		
b		4b		
С			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	omente With Evn	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	•	enses per neturn.	
_	Complete if the organization answered "Yes" to Form 990, Part IV, line	12 a	1,1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	,	2b		
C		2c		
d	,	2d		
e	•		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
a	, , ,	4a		
b	,	4b		
_C			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIII Supplemental Information.		5	
_		D 1911 41 161	5 5 5	
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,		, Part V, line 4, Part X, line 2, F	Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information		
Da	t V. Line 2.			
Pai	t X, Line 2:	·		
mbo	financial statement effects of a tax position taken or expe	sted to be		
The	Tinancial statement effects of a tax position taken of expe	cted to be		
+ -1-	en are recognized in the combined financial statements when	it is more	•	
Lak	en are recognized in the complined limincial statements when	IC IS MOTE		
1 4 1-	als that not based on the technical movits that the positi	on will be		
11K	ely than not, based on the technical merits, that the positi	on will be		
	beined were exemination. Interport and manufact of the are	inaludad		
Bus	tained upon examination. Interest and penalties, if any, are	Included		
4	in the cambined statements of activities. As of Tun	o 20 2015		
1n	expenses in the combined statements of activities. As of Jun	e 30, 2015		
	2014 SMT had an arranged been madeled that moralify for m			
and	2014, MTI had no uncertain tax positions that qualify for r	ecognition		·
	disalesses in the numbined financial statements			
or	disclosure in the combined financial statements.			
MmT	files information tay returns in the H C The Organization	1 g		
MII	files information tax returns in the U.S. The Organization	10		
~ ~~	erally no longer subject to U.S. federal and state income ta	•		
a en	eraily no longer subject to 0.5. redetal and scare income to			
6 X A	minations by tax authorities for years before 2011.			

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 Inc. Part XIII | Supplemental Information (continued) 91-1703263 Page 5

Management Technologies International,

SCHEDULE E

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form9900

Management Technologies International, Emplo

Employer identification number 91-1703263

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

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

Schedule E (Form 990 or 990-EZ) (2014)

Management Technologies International,

Schedule E (Form 990 or 990-EZ) (2014) Inc.	91-1703263	Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7,	as applicable	
Also provide any other additional information		
Line 3 - Explanation of Nondiscrimination Policy:		
- Explanation of Mondiselimination Folicy:	<u> </u>	
The organization operates six international schools in the		
		
People's Republic of China. Each school accepts students		
regardless of race solor or national origin in assordance		
regardless of race, color or national origin in accordance		
with the organization's non-discrimination policies. However,		
schools must operate in strict accordance with Chinese law,		
which limits admission to children from the International community		
which limits admission to children from the International community.		
Schools are open to all international students, regardless of race, color		
or national origin, if they are permitted to attend under Chinese law. It		
would not be appropriate or feasible for the schools to use general		
would not be appropriate of reasible for the schools to use general		· · · · ·
circulation print or broadcast media to solicit students or to publicize		
admissions policies because they are read primarily by Chinese whose	 	
children cannot attend international schools. The required		
Children camer accord inversacional benevits, the required		
non-discrimination notice is included on school websites, brochures,		
advertising materials and documents. All schools have very diverse student		
bodies, including international students from over 20 nations.		

SCHEDULE F (Form 990)

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.

▶ Information about Schedule F (Form 990) 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 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

X Yes No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,

(a) Region	(b) Number of offices	(c) Number of employees, agents, and independent	an be duplicated if additional space is (d) Activities conducted in region (by type) (e g , fundraising, program	(e) If activity listed in (d) is a program service,	(f) Total expenditures for and
	in the region	independent contractors in region	services, investments, grants to recipients located in the region)	describe specific type of service(s) in region	investments in region
East Asia and the					
Pacific -	2	20	Program Services	Education & Training	325,735.
East Asia and the			Grants to Recipients	:	
Pacific -	0	0	Located in Region		77,226.
East Asia and the					
Pacific -	0	0	Program Investments		1,996,092.
Middle East and					
North Africa -	1	10	Program Services	Education & Training	695,905.
Middle East and					
North Africa -	0	0	Program Investments		30,000.
Middle East and North Africa -		0	Grants to recipients located in region		39 200
North Arrica -			rocated in region		38,290.
3 a Sub-total b Total from continuation	3	30			3,163,248.
sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	3	30			3,163,248.

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

Schedule F (Form 990) 2014

Schedule F (Form 990) 2014 Inc.

Part II 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

91-1703263

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	(n) Description of non-cash assistance	(i) internod of valuation (book, FMV, appraisal, other)
		East Asia and the	Raith-Ragod Rduration	40 000	Varions	c		
		East Asia and the						
		Middle East and North Africa - Algeria, Bahrain,	Faith-Based Education		500 Various			
		I 49 77	Faith-Based Education	26,203.	26,203,Various	0		
		;						
2 Enter total number of the IRS, or for which	I f recipient organization the grantee or counse	ns listed above that are el has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country.	, recognized as tax-e	kempt by		3
3 Enter total number of	Enter total number of other organizations or entitles	or entities				•		1

Schedule F (Form 990) 2014

Inc.

Schedule F (Form 990) 2014

Inc.

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

Page 3

	(h) Method of valuation (book, FMV, appraisal, other)		:			
	(g) Description of non-cash assistance					
	(f) Amount of non-cash assistance					
	(e) Manner of cash disbursement					
-	(d) Amount of cash grant					
	(c) Number of recipients					
dditional space is neede	(b) Region					
Part III can be duplicated if additional space is needed	(a) Type of grant or assistance					

Management Technologies International,

<u>Scnear</u>	lle F (Form 990) 2014 1118.	91-1/03263	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)	X Yes	□ No

Schedule F (Form 990) 2014

	management recombingtes international,		
Schedule F	(Form 990) 2014 Inc.	91-1703263	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (ad	counting method, amounts of	
	investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional		
Part I, I	rine 2:		
The organ	nization monitors the use of granted funds through on-site		
	and the second s		
visits, v	hich are conducted with every grant recipient. Additionally,		
	and the second s		
recipient	s are required to undergo a financial audit, and provide		
financia	reports noting accomplishments.		
		- ·	
m1	de la la companya de		
The organ	nization requires all grant recipients to agree to, and sign, a		
detailed	grant agreement, prior to granting funds. Potential grant		
recipient	s, and their representatives, must establish a commitment to		
integrity	and morality before any funds will be granted. The organization		
***********	provides oversight via the executive leadership team, to any		
typically	provides oversight via the executive readership team, to any		
grant red	eipient as a way to encourage and foster effective use of funds,		
		·····	
and to a	sist in developing leaders in the faith-based education arena.		
			-
Part I,	ine 3.		
raic i,			
Foreign	expenditures are account for by the accural method.		
		•	
_			
Schedule	F, Part IV, Line 5:		
	and the same of th		
The organ	nization does not have a current filing requirement for 8865.		
Please s	ee Form 5471 for disclosure of Shenyang Brave English Language		
			
Training	Center in which Sharp Thinking, a wholly owned entity, has a		
50% join	venture interest.		

SCHEDULE

(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,

▶ Attach to Form 990.

2014	Open to Public

OMB No 1545-0047

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Management Technologies International,

ջ □ **Employer identification number** 91-1703263 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if addition	onal space is need	ed			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Team Expansion 4112 Old Routt Road Louisville, KY 40299	31-1043937	501 (c) 3	30,000.	0			Faith-Based Education
Christar P.O. Box 850357 Richardson, TX 75085	22-1717576	501 (c) 3	19,609.	0.			Paith-Based Education

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

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

Schedule I (Form 990) (2014)

91-1703263

Schedule I (Form 990) (2014)

Part III

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant financial reports, noting accomplishments, and the requirement that each The organization monitors the use of granted funds through required (b) Number of recipients recipient undergo a financial audit or review. (a) Type of grant or assistance Part I, Line 2: 432102 10-15-14

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization Management Technologies International, 91-1703263 Part I **Questions Regarding Compensation**

			Yes	No
t a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		:	
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				j
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	ļ	
2	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		
3	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		1	
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study		l	
	Form 990 of other organizations Approval by the board or compensation committee			
	Durane the year did any parson leted in Form 000 Part VIII. Section A line 1s, with respect to the filing		1	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization Receive a severance payment or change-of-control payment?	4a		x
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	_	x
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	The first to diff of miles in a special in a special and approved a meaning in a second in		İ	İ
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		х
b	Any related organization?	5b	<u> </u>	X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of			
а	The organization?	6a		Х
b	Any related organization?	6b	ļ	х
	If "Yes" to line 6a or 6b, describe in Part III			
7		_		۱.,
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	├	X
8	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	-	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	ا		ł
	Regulations section 53.4958-6/c/2			1

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

Schedule J (Form 990) 2014

Page 2

Schedule J (Form 990) 2014

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

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

91-1703263

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W-2 and/or 1099·MISC compensation	and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		ın column (B) reported as deferred ın prıor Form 990
	1							
	3							
	€							
	(E)							
	ε							
	(ii)							
	(i)							
	<u> </u>							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	Ξ							
	(ii)							
	Ξ							
	<u>(ii)</u>							
	Ξ							
	(ii)							
	Ξ							
	⊞							
432112 10-13-14							Schedu	Schedule J (Form 990) 2014

Schedule J (Form 990) 2014	Inc. 91-1703263
Part III Supplemental Information	
Provide the information, explanation, or	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

Form 990, Part VII, Sectiona A, Line 5:

COMPENSATION FROM UNRELATED ORGANIZATIONS

faith-based purposes to those of Management Technologies International, services rendered to MTI. \$18,800 in compensation was paid for the tax year ended 6/30/2015. A seconding agreement exists between the filling Inc. (MTI), compensated Peter Regez, Part Year President of MTI, for Teach Beyond, an unrelated foreign exempt organization with similar organization and the unrelated organization,

Knowledgworkx, an unrelated foreign exempt organization with similar faith-based purposes to those of MTI, compensated Martin Klopper,

President of MTI, for services rendered to MTI. \$27,800 in compensation

was paid for the tax year ended 6/30/2015. A seconding agreement exists

between the filling organization and the unrelated organization.

An unrelated domestic exempt organization with similar faith-based

purposes to those of MTI, compensated Gregg Vossler, Vice President of

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

Schedule J (Form 990) 2014

91-1703263

Schedule J (Form 990) 2014 Page 3 Schedule J (Form 990) 2014 Inc.

Part III Supplemental Information
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 was paid for the tax year ended 6/30/2015. A seconding agreement exists between the filing organization and the unrelated organization.

SCHEDULE L

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

► Attach to Form 990 or Form 990-EZ.

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

Open To Public

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Name of the organization M	lanagement T	echnologies I	nterr	nation	nal,		Emp	oloye	rident	ificati	on nu	mber
	inc.							1703	263			
					ion 501(c)(4), and 50							
					art IV, line 25a or 25l	<u>b, or Form 990-EZ, P</u>	art V,	line 40)b	—		
(a) Name of disqualified p	person (b	Relationship bety person and or			Irfied (c) Description of tran	sactio	n		_	Corre	
	 	person and or	garnz	211011		<u> </u>				⊢ ¥'	es	No
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										+		
	<u> </u>				+					+	\dashv	
									-	+	\dashv	
										+		
2 Enter the amount of tax	incurred by the	organization man	agers	or disc	qualified persons du	ring the year under						
section 4958	•	•	_					▶ \$				
3 Enter the amount of tax,	if any, on line 2	2, above, reimburs	ed by	the or	ganization			> \$				
.												
		nterested Pen										
					, Part V, line 38a or l	Form 990, Part IV, Iır	ne 26,	or if th	ne orga	ınızatı	on	
		90, Part X, line 5, 6		2 pan to or	Γ	Г. <u></u>			VID An	nroved		
(a) Name of interested person	(b) Relationshi with organization		fror	n the	(e) Original principal amount	(f) Balance due	(g) defa	ln	by bo	proved ard or	(i) W agree	ritten ment?
interested person	Time or gamean	or loan		zation?	principal arrioditi		<u> </u>	_	cómm	Titloo		_
	+		То	From			Yes	No	Yes	No	Yes	No
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	<u> </u>											<u> </u>
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rotal Part III │ Grants or As	oistanas P	enefiting Inter	rooto	d Da	<u>▶ \$</u>		<u> </u>					
		•										
(a) Name of interested		swered "Yes" on I			(c) Amount of	(d) Tuno	<u></u>			\ D		
(a) Name of interested	person	(b) Relationship interested pers			assistance	(d) Type assistan) Purpi assista		
		the organiza										
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Schedule L (Form 990 or 990-EZ) 2014 Inc.			91-1703263		Page 2
Part IV Business Transactions Involv	ing Interested Persons.	_			
Complete if the organization answered	"Yes" on Form 990. Part IV. line 28a. 2	8b. or 28c			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
			_	Yes	No
Geri Smith	Family member of Ro	31,075.	Wages and b		х
					1
				L	<u> </u>
Part V Supplemental Information					
Provide additional information for response	onses to questions on Schedule L (see	instructions)			
Sch L, Part IV, Business Transactions 1	Involving Interested Persons:				
(a) Name of Person: Geri Smith					
(b) Relationship Between Interested Per	rson and Organization:	· - · · ·			
Family member of Roy Smith, Officer	<u> </u>				
(d) Description of Transaction: Wages a	and benefits				
			· · · · · · · · · · · · · · · · · · ·	-	
					
	-				
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			-		

SCHEDULE 0

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.

2014
Open to Public

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

Inspection
Employer identification number

91-1703263

Name of the organization

Management Technologies International,
Inc.

Form 990 Part III Line 4a, Program Service Accomplishments: staff from other non-profit organizations, serve the organization. Form 990 Part IV Line 12b: 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, \$133,761 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: 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 3: Financial management was delegated to an outside organization, 3T Advisors LLC.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Management Technologies International,	Employer identification number
Inc.	91-1703263
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	
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	
6:11:	
filing.	
Form 990, Part VI, Section B, Line 12c:	
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 interested	
party discloses the conflict of interest and abstains from voting on the	
matter.	
Form 990, Part VI, Section B, Line 15:	
Annually, the independent board evaluates salary surveys and comparability	
data from independent industry sources for officers and key employees	
(Defined according to the revised definition found in the instructions to	
Form 990 and related schedules), if any, when approving budgets and records	
in the minutes the evaluation and approval of compensation.	
Form 990, Part VI, Section C, Line 18:	
Management Technologies International, Inc. makes its Form 1023 and Form	
990s available to interested parties upon written request.	
NAS CAUTIONE OF INCOLORION POLICIES about attended reference.	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization Management Technologies International,	Employer identification number
Inc.	91-1703263
Form 990, Part VI, Section C, Line 19:	
all all the second and	
Disclosure of governing documents, policies, and financial statements are	
made to interested parties upon written request.	
made to interested parties upon written request.	
Form 990, Part VII, Section A, Column D	
DISREGARDED ENTITY REPORTABLE COMPENSATION EXPLANATION:	
Dav. Colth	
Roy Smith	
Column D: Base compensation paid by filing organization and other	
VOLUME OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF	-
compensation paid by disregarded entity.	
Form 990, Part VIII, Line 10c:	
NUMBER OF THE OWNERS.	
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.	
Character based educational purpose of the organization.	
Form 990, Part XII, Line 2c:	
The organization maintains an audit committee which is responsible for	
and the second and an analysis of the independent	
oversight of the audit process and selection of the independent	
accounting firm used. This process has not changed from the previous	
	· · · · · · · · · · · · · · · · · · ·
year.	

Schedule O (Form 990 or 990-EZ) (2014)

432212 08-27-14

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection 2014

OMB No 1545-0047

Employer identification number

91-1703263

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. Management Technologies International, Name of the organization Department of the Treasury Internal Revenue Service

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

Part

	(a)	(q)	(၁)	9	9	£
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entrty
Wellspr	Wellspring Education Consultancy	Education consulting,				
Street	Street 2, Building 14, Unit 2	direct management, and				Management Technologies
Bida Bi	Bida Bin Amar, Al Ain, UNITED ARAB EMIRATES pther program inlatives in		United Arab Emirates	347,079.	1,081,229.	1,081,229.International, Inc.
Part II	Identification of Related Tax-Exempt Organizations Comporganizations during the tax year	ations Complete if the organization ans	lete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	it had one or more i	related tax-exempt

6							
(a)	(q)	(0)	(g)	(e)	£	(g)	2(hV13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(c. Vo)-
of related organization	•	foreign country)	section	status (if section	entity	entity?	٠
•		·		501(c)(3))		Yes	8
LDI Poundation, Inc 36-4175586					Management		
16335 Highway 34 East, Ste B					rechnologies		
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,					rechnologies		
Newnan, GA 30265	Faith-Based Education	North Carolina	501(c)3	Line 9	International		×
	T						

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

See Part VII for Continuations

Schedule R (Form 990) 2014

432161 08-14-14 LHA

91-1703263

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 Schedule R (Form 990) 2014

		age di	1			ĺ						[
	3	General or Percentage managing ownership												
ŀ	=	grad of Po	٩ N	 			 	_	\vdash	-				
	=	Gener mana partn	YesNo										_	
		Code V-UBI amount in box	1065)											
	€	ode V	(Form											
		ک <u>ق</u> ر				L								
İ	Ē	Disproportionate allocations?	№									L		
	_	Disprop	Yes	 										
	(6)	Share of end-of-year	doces											
	E	Share of total income												
	(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)				•							
	(g)	Direct controlling entity												
J 7 C	ပ	Legal domicile (state or	country)											
an an filman dimension	Q	Primary activity												
משתודתוסום ונימוסים מש משתוח של יוים משתוח של יוים אים יוים אים יוים אים יוים אים יוים אים יוים אים יוים אים י	(a)	Name, address, and EIN of related organization												

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

organizations treated as a corporation or trust during the tax year	uring the tax year								
(a)	(q)	(၁)	(p)	(ə)	(t)	(6)	(h)	(1)	_ {
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	54ction 512(b)(13) controlled entity?	(13) 72 elle 73 elle 74 elle 75 elle 76 elle 7
		country)		or trusty		desers		Yes	٩
Sharp Thinking Int'l (Qingdao) Co, Ltd			Management						
Room 405 Jinguang Bldg, #56, Xiang			Pechnologies						
Qingdao, Shandong, CHINA 266071	Education	china	International		-13,033.	2,564,873.	100.00%	×	
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Schedule R (Form 990) 2014

Schedule R (Form 990) 2014

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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 transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II:IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				+	
b Gift, grant, or capital contribution to related organization(s)				+	
c Gift, grant, or capital contribution from related organization(s)				×	
d Loans or loan guarantees to or for related organization(s)				1	
 Loans or loan guarantees by related organization(s) 				1е х	
				_	
f Dividends from related organization(s)				1	
g Sale of assets to related organization(s)				1	
h Purchase of assets from related organization(s)				†	
i Exchange of assets with related organization(s)				#	
j Lease of facilities, equipment, or other assets to related organization(s)				-1i	
k Lease of facilities, equipment, or other assets from related organization(s)				1k ×	
	ınızatıon(s)			+	
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			┿	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			+	
 Sharing of paid employees with related organization(s) 				4 v	
Boundary on the related organization(s) for expenses				10 ×	
Rembursement paid by related organization(s) for expenses				1q ×	
				X X	
S Other trainster or castrol property from reactor organization by who must complete this line, including covered relationships and transaction thresholds	who must complete the	nis line, including covered	relationships and transaction thresholds		
į.	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved	
(1) LDI Foundation, Inc.	٥	• 0		;	
(2) LDI Foundation, Inc.	ī	0.			
(3) LDI Foundation, Inc.	N	.0			
Foundation	0	• 0			
		C			
(5) LDI Foundation, Inc.	14				
(6) Sharp Thinking Int'l (Qingdao) Co, Ltd	L	0.		ļ	
432163 08-14-14			Schedule	Schedule R (Form 990) 2014	

Management Technologies International, Inc.

91-1703263

Schedule R (Form 990) Inc.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

raity Command of Hansachors with helated Organizations (Schedule I)	000), 1 att 1, 2)		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)Sharp Thinking Int'l (Qingdao) Co, Ltd	W	0.	
(8)Sharp Thinking Int'l (Qingdao) Co, Ltd	٥	347,099.	347,099.US Dollar cash pymnt
	Т	0.	
(10)International Schools Consortium Inc.	Ж	0.	
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

91-1703263

Schedule R (Form 990) 2014

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

Code V-UBI General or Percentage amount in box 20 partner? ownership	Yes No				
Code V-UBI of Schedule K-1	(2001				
(h) Disproportionate	Yes No		 		
(g) Share of end-of-year					
(f) Share of total					
Are all partners sec 501(c)(3)	Aes No				
(d) Predominant income pa (related, unrelated, 5 seconded from tax unider	A (+1 C-21 C-11)			į	
(c) Legal domicile (state or foreign					
(b) Primary activity					
(a) (b) (c) (d) (d) Name, address, and EIN Primary activity (state of foreign excluded from tax under					

Management Technologies International,

Schedule R (Form 990) 2014 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:		
e miliono del munico		
Name of Disregarded Entity:		
Wellspring Education Consultancy		
Primary Activity: Education consulting, direct management, and other		
program iniatives in UAE		
	· · · · · · · · · · · · · · · · · · ·	
Part II, Identification of Related Tax-Exempt Organizations:		
		· ·
Name of Related Organization:		
Made of Related organization.	-	
LDI Foundation, Inc.		
Direct Controlling Entity, Management Technologies International Inc		
Direct Controlling Entity: Management Technologies International Inc.		
Name of Related Organization:		
International Schools Consortium Inc.		
Direct Controlling Entity: Management Technologies International Inc.		
	· ·	
Part IV, Identification of Related Organizations Taxable as Corp or Trust:		
	·	
Name of Related Organization:	 	
Sharp Thinking Int'l (Qingdao) Co. Ltd		
Direct Controlling Entity: Management Technologies International Inc.		
Schedule R, Part I		
An executantian chartered in a ferrigo country, with no conserve PIN		
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 purposes.		