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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.lrs.gov/form990.

Open to Public Inspection

		2010 Calendar year, or tax year beginning 002 1, 2010 and ending			
B CI	heck if oplicable	C Name of organization	D Employe	er identifica	ation number
_	 Address	Management Technologies International,	- 1		
<u> </u>	change Name	Inc.		04 4 70 7	0.00
느	_change	Doing business as Leadership Development International		91-1703	263
\vdash	_ireturn	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephor		
	Final return/ termin-	1635 Highway 34 East	_	770-683	
_	ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross recei		4,948,73
느	Amende	NewHall, GA 30203	H(a) Is this		
Ш	Applica tion pending	F Name and address of principal officer:Martin Klopper		ordinates?	
		same as C above	H(b) Are all su		
					st (see instructions)
		: www.LDiChina.com	H(c) Group		
			ear of formation;	1995 M	State of legal domicile: N
Pa		Summary			
e		riefly describe the organization's mission or most significant activities. Faith-based		<u> </u>	
Activities & Governance	l	raining: To promote a culture of integrity to urban professional			<u> </u>
Jerr		heck this box I if the organization discontinued its operations or disposed of r	nore than 25% o	1 1	
õ		umber of voting members of the governing body (Part VI, line 1a)		3	
8		lumber of independent voting members of the governing body (Part VI, line 1b)		4	
ties	1	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	
tivil	l .	otal number of volunteers (estimate if necessary)		6	
AC	I	otal unrelated business revenue from Part VIII, column (C), line 12		7a	
	l br	let unrelated business taxable income from Form 990-T, line 34	Dui au Va	7b	O
	١, ,	A stableton and suggest (Dath VIII Inc. 45)	Prior Ye	09 083.	1,322,48
ine.	l .	Contributions and grants (Part VIII, line 1h)		308,231.	3,621,47
Revenue	1	Program service revenue (Part VIII, line 2g)	- 3,3	288	-1,22
æ	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		8,481.	84
	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4 2	26,083.	4,943,57
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		65,125.	806,10
	1	tenefits paid to or for members (Part IX, column (A), line 4)	<u>-</u>	0.	
/A	1	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1.8	316,715.	2,635,06
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
en o	I	otal fundraising expenses (Part IX, column (D), line 25) 88,858.			
찣	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1 3	49,908.	2,134,21
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31.748.	5,575,38
	1	Revenue less expenses. Subtract line 18 from line 12		394,335.	-631,81
es.		revenue less expenses. Subtract into 10 Horn into 12	Beginning of Cui		End of Year
ets or ances	20 -	otal assets (Part X, line 16)		96,418.	5,657,05
Ass	21	otal labilities (Part X, line 26) FEB 2 1 2017		88,163.	1,695,67
Net V	22	otal assets (Part X, line 16) otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20 Signature Block res of parting. I declare that I have examined this return including accordading of the libbs and set.		508,255.	3,961,37
	art II	Signature Block	**-		
Und	ler pena	ies of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to th	e best of my	knowledge and belief, it
true	, correc	, and complete. Declaration of preparer (Ather than officer) is based on all information of which pre	parer has any know	ledge.	
		- May Murphy			2017
Sig	n	Signature of order	Date	е	
Her		Cathy Murphy, Assistant Treasurer			
		Type or print name and title			
		Print/Type preparer's name Edward M. Priem II	Date	Check	PTIN
_			2/102017	self-employed	P01783684
Paid	d	Edward M. Priem II			36-3990892
		Firm's name Capin Crouse LLP	Firm	n's EIN 🛌	30-3330032
Pre		Firm's name Capin Crouse LLP	Firn	n's EIN	30-3330032
Pre	parer			n's EIN ▶ one no.719 -	

Management Technologies International,

Form	990 (2015) Inc	91-1703263	Page 2
Par	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
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 exc	enses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	oro, and total expo	noce, and
	(Code) (Expenses \$ 3,496,060. including grants of \$ 495,097.) (Reven		3,622,319.)
	Education and Training - Provided/Supported faith-based English		, , , , ,
	language, education and business training programs in Asia. Recruited.		
	trained and sent 136 teachers and field staff (foreign and national) to		
	eight international schools (K-12), with more than 2,000 students from		
	over 40 countries, and to business and language training programs in		
	five major cities in Asia. Outreach for intensive year-long and		
	seasonal faith-based teacher trainings reached 645 participants.		
	Faith-based experiential education reached over 800 participants.		
	Faith-based business training/coaching reached over 400 participants.		
	Approximately 20 volunteers, including seconded staff from other		
	non-profit organizations, serve the organization.		
	non profit organizations, betwee the organization.		
	(Code) (Expenses \$ 1,305,369. including grants of \$ 311,012.) (Reven		
40	(Code) (Expenses\$1,305,369. including grants of \$311,012.) (Revended in the control of the co		
	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.		
	inde, and popular.	 	
			
			
			
			
			
			
4c	(Code) (Expenses \$ including grants of \$) (Reven	iue \$)
		_ 	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)_	
<u>4e</u>	Total program service expenses 4,801,429.		

Form	1990 (2015) Inc. 91-17032 Triv Checklist of Required Schedules	63	P	age 3
rai	Officerial of Required Schedules		Yes	l Na
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Г	res	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		 	<u> </u>
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effe		\vdash	
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	1 6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		_	
	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, permaner	ıt		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	 	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	ı		
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		۱	
_	Part VI	11a	Х	_
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			x
c		11b	- -	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	144-	x	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c	+	-
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.10	 	-
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	, , , ,	14a	Х	
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	I	1	I

X

X

16

17

18 -

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Form 990 (2015) Inc. Partity Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	<u></u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ŀ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete]		Ì
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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			ĺ
	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	1 ;		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ł
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).	100 C		
а		28a		х
b		28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	_		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_X	
ь	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	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,	
_	Note. All Form 990 filers are required to complete Schedule O	38	990 /	(00:
			-72 PM 1 /	

Par	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	4							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	l						
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>	<u> </u>]					
	(gambling) winnings to prize winners?	1c	Х						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			l					
	filed for the calendar year ending with or within the year covered by this return	9							
ь	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	х					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	├						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		l						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	L					
ь	If "Yes," enter the name of the foreign country China, United Arab Emirates	1	ł	1 }					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		<u> </u>						
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	x					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c	├──	<u> </u>					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30	├──	├──					
Va	any contributions that were not tax deductible as charitable contributions?	6a	ļ	x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	00	 						
_	were not tax deductible?	6ь							
7	Organizations that may receive deductible contributions under section 170(c).		 						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	7a		_x					
b									
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		х					
d	d If "Yes," indicate the number of Forms 8282 filed during the year								
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X_					
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>	_					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	7h	<u> </u>	 					
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		├─┐					
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		 -						
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b	}	├──					
10	Section 501(c)(7) organizations. Enter:	30	 						
a	Initiation fees and capital contributions included on Part VIII, line 12		į .						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		1					
11	Section 501(c)(12) organizations. Enter.	1	İ						
а	Gross income from members or shareholders 11a	1		1					
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	7							
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>					
þ	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.	<u> </u>	<u> </u>						
а	·	13a	<u> </u>	 					
	Note. See the instructions for additional information the organization must report on Schedule O.								
þ	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 [3b]	4	•						
C	Enter the amount of reserves on hand Did the experience and provide any payments for indeer tanging converse during the tay year?	+	├	U					
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	 	X					
0	II Tes, Has It lied a FUITH (20 to report these payments) in 140, provide an explanation in Schedule O		n 990	(2015)					
		1 011		(4010)					

Form, 990 (2015)
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. Se	e instructions.					
	Check if Schedule O contains a response or note to any line in this Part VI				Х		
Sec	tion A. Governing Body and Management						
				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	11					
	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.		l				
b	Enter the number of voting members included in line 1a, above, who are independent	, 10	ŀ				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship wi		İ				
_	officer, director, trustee, or key employee?	ar any outor	2		_ <u>_</u>		
3	Did the organization delegate control over management duties customarily performed by or under the di	roct cupon/sion	-				
3	of officers, directors, or trustees, or key employees to a management company or other person?	rect supervision	3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form 990	was filed?	4		x		
	Did the organization become aware during the year of a significant diversion of the organization's assets		5		X		
5		•		 	x		
6	Did the organization have members or stockholders?		6				
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	nt one or	۱_				
	more members of the governing body?	de et et e e	7a		X		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock	knolaers, or	l				
_	persons other than the governing body?	4 6 11	7b		Х		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by	the following:					
a	The governing body?		_8a	X			
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 reached at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х		
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Rever	nue Code.)		_			
				Yes	No		
	Did the organization have local chapters, branches, or affiliates?		10a	<u> </u>	Х		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.	ers, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b 11a	х			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b							
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to c		12b	х			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	describe					
	in Schedule O how this was done		12c	X			
13	Did the organization have a written whistleblower policy?		13	X_			
14	Did the organization have a written document retention and destruction policy?		14	Х			
15	Did the process for determining compensation of the following persons include a review and approval by	/ independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official		15a	Х			
b	Other officers or key employees of the organization		15b	Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	t with 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 it	'					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	tion's					
	exempt status with respect to such arrangements?		16b	Х			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►GA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 6104 requires an organization organ	ection 501(c)(3)s only) a	avaılab	le			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in S	Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict	t of interest policy, and	d finan	cıal			
	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 books	and records ▶					
	Cathy Murphy - 770-683-0808						
	1635 Highway 34 East Ste B Newnan GA 30265	·					

Form 990 (2015)

91-1703263

Page 7

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

х

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box,	not c unle	Posi heck ss pe	ition more than one rson is both an irector/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	(list any hours for related rganizations below paissuadions pa		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) Martin Klopper	32.00									
President & Director	11.00	Х	<u> </u>	Х	<u> </u>	辶	L	0.	85,550.	6,192.
(2) Ron Harris	1.00		1			İ				
Board Chairman	2.00	Х	<u> </u>	Х				0.	0.	0.
(3) Peter Regez	1.00									
Director	2,00	X						0.	0.	0.
(4) Robyn Harris	1.00									-
Director	2.00	х					<u> </u>	0.	0.	0.
(5) John Richards	1.00					Γ				
Director	2.00	x						0.	0.	0.
(6) Goh Kng Yan	1.00									
Director	2.00	x			ŀ			0.	0.	0.
(7) Thomas Winkler	1.00									
Director	2.00	х						0.	0.	0.
(8) Chan Kei Thong	1.00									
Director	2.00	х			ŀ			0.	0.	0.
(9) Sunny Ouyang	1.00									
Director	2.00	x	1		1			0.	0.	0.
(10) Gale Cawood	1.00			Г			Г			
Director	2.00	x					ĺ	0.	0.	0.
(11) Scott Crosby	1.00									
Director	2.00	x						0.	0.	0.
(12) Gregg Vossler	32.00			1			П			
Vice-President	11.00		1	х				65,110.	0.	٥.
(13) Randy Ebeling	32.00									
Vice-President	11.00	1		x		I		60,927.	0.	3,476.
(14) Scott Finnamore	32.00			T		Т	Г			
Vice-President	11.00]		x	1	1	1	0.	66,553.	12,733.
(15) Dave McCurdy	32.00						Γ			
Treasurer	11.00	L		х	L			26,600.	13,339.	5,305.
(16) Cathy Murphy	32.00				Г		Г			
Assistant Treasurer	11.00	<u> </u>		х	L		L	71,282.	0.	7,830.
		_		[I
		1				1		1	i	

Form 990 (2015) Inc.									91-1703	263		P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	ompensated Employe	es (continued)				
(A)	(B)			_ (C	-			(D)	(E)			(F)	
Name and title	Average	(do		Posi			one	Reportable	Reportable	- 1		timate	
	hours per			ss person is both an d a director/trustee)				compensation	compensation			ount	-
	week (list any	\vdash	- C			1	1	from the	from related	- 1		other	
	hours for	Irect				_		organization	organizations (W-2/1099-MIS			pensa om th	
	related) io oi	stee]	Safe		(W-2/1099-MISC)	(11 2, 1000 time	~		anızat	
	organizations	trust	ai trus		eg.	e e		(=		1	_	relat	
	below	individual trustee or director	institutional trustee	la la	Key employee	loyee	ية				orga	ınızatı	ons
·	line)	ğ	Instil	Officer	ě	Highest compensated employee	Former						
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			T	T		T	<u> </u>			$\neg \neg$			
		1					L		1	}			
1b Sub-total								223,919	165,	442.		35	,536
c Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		٥.			0
d Total (add lines 1b and 1c)							<u> </u>	223,919.	165,			35	,536
2 Total number of individuals (including but i	not limited to t	hose	list	ed a	bov	e) w	ho r	eceived more than \$10	0,000 of reportab	le			
compensation from the organization		_											
				_		_	\			1	i	Yes	No
3 Did the organization list any former officer			e, k	ey e	mple	oyee	e)or	nighest compensated e	employee on				
line 1a? If "Yes," complete Schedule J for					_4		/ ساسا				3		X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15									tne organization		4		x
5 Did any person listed on line 1a receive or									udual for conucco		4		╫
rendered to the organization? If "Yes," con								ted organization of indiv	ridual for services		5		
Section B. Independent Contractors	ilpiete Gerieda		101 3	,u cri	pe	3011							Щ.
Complete this table for your five highest complete this table.	ompensated in	ndep	end	ent o	cont	tract	tors	that received more than	\$100.000 of con	npens	ation 1	from	
the organization. Report compensation for													
(A)								(B)			(0		
Name and busines	s address							Description of	services	C	ompe		חג
KC Chew Consulting LLC								Consulting for ex	ec training				
1167 Hillcrest Blvd., Millbrae, CA 9	4030							in Asia				132	,883
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O Table and a standard death of the	(makedone by	no+ 1	luna A	٠ ٠	- AL-		liet-	d abovo) who ======	more there				—
Total number of independent contractors \$100,000 of compensation from the organ		IIULI	nt i tit	eu (o an	1	iiole	a above, who received	HOIS HAII				

Form.990 <u>(2</u>01<u>5)</u> 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 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 1c c Fundraising events 1,321,255. d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,226. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 1,322,481 h Total. Add lines 1a-1f Business Code 2 a Education/Support Svcs 3,621,470. 3,621,470 611710 Program Service Revenue All other program service revenue 3,621,470, Total. Add lines 2a-2f Investment income (including dividends, interest, and 296 296. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,362. assets other than inventory b Less cost or other basis 2,881 and sales expenses -1,519 c Gain or (loss) -1,519. -1,519. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 3,128. and allowances 2,279 b Less: cost of goods sold 849 c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d

4,943,577.

3,622,319,

Total revenue. See instructions.

-1,223.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service expenses (A) Total expenses Do not include amounts reported on lines 6b, Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations 79,434 79,434 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 726,675 726,675 individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 410,693 123,208 246,416 41,069. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,716,047 1,601,324 97,410 17,313. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,051 377,428 398,544 3,065. Other employee benefits 109,781 79,491 25,893 4,397. 10 Payroll taxes Fees for services (non-employees): Management 114,133 53,953 60,180 **b** Legal 47,100. 1,195 45,905 c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,896 287,437 310,283 9,950. column (A) amount, list line 11g expenses on Sch O.) 31,445 529 32,861 887. 12 Advertising and promotion 13 Office expenses 406. 27,609 20 355 6.848 14 Information technology Royalties 15 206,961 163,402, 41,122, 2.437. 16 Occupancy 367,846. 341,142 22,361 4,343. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 79.396 77.323 2,043 30. 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 117,724 79.787 35,815 2,122. 22 Depreciation, depletion, and amortization 74,041 38,748 33,319 1,974. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 253,425 250,324 3,101 Orientation/Training 5,023 135,025. 130,002, Equipment Rental 80,892. 99,888. 18,833. Other Miscellaneous 163. 84,310. Printing & Instruction 84,458 148. 183,465 173,554. 9,357. 554. All other expenses 4,801,429 Total functional expenses. Add lines 1 through 24e 5,575,389, 685,102. 88 858. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)

Form 990 (2015) Part X Balance Sheet

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
	-				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,090,198.	1	1,981,148.
l	2	Savings and temporary cash investments	62,639.	2	62,935.		
l	3	Pledges and grants receivable, net				3	
- 1	4	Accounts receivable, net		1,223,498.	4	699,863.	
ļ	5	Loans and other receivables from current and for	fficers, directors,				
l		trustees, key employees, and highest compensations		i			
- {		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	c)(3)(B), and contributing		1		
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
က္က		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net	·			7	
¥	8	Inventories for sale or use		Ī	19,709.	8	18,524.
	9	Prepaid expenses and deferred charges		Ī	114,812.	9	207,470.
		Land, buildings, and equipment: cost or other	1	[
		basis Complete Part VI of Schedule D	10a	613,973.		i	
	ь	Less. accumulated depreciation	10b	438,287.	224,481.	10c	175,686.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	investments - program-related. See Part IV, line	11	Ī	2,026,092.	13	2,026,092
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1	234,989.	15	485,335,
	16	Total assets. Add lines 1 through 15 (must equ	al line	34)	5,996,418.	16	5,657,053.
	17	Accounts payable and accrued expenses			528,896.	17	471,185
	18	Grants payable				18	
	19	Deferred revenue		1		19	9,119.
	20	Tax-exempt bond liabilities				20	-
	21	Escrow or custodial account liability Complete	Part IV	of Schedule D		21	
ç,	22	Loans and other payables to current and forme			<u> </u>		
ij		key employees, highest compensated employe		L. Carlotte and the control of the c			
Liabilities	ł	Complete Part II of Schedule L				22	
Ï	23	Secured mortgages and notes payable to unrel	ated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelate		· ·	<u>-</u>	24	
	25	Other liabilities (including federal income tax, pa	ayables	s to related third			
	l	parties, and other liabilities not included on line	s 17-2	1). Complete Part X of			
	ĺ	Schedule D			859,267.	25	1,215,370
	26	Total liabilities. Add lines 17 through 25			1,388,163.	26	1,695,674.
		Organizations that follow SFAS 117 (ASC 95	B), che	ck here			
S	1	complete lines 27 through 29, and lines 33 a					
Net Assets or Fund Balances	27	Unrestricted net assets			3,512,648,	27	2,672,819.
ala	28	Temporarily restricted net assets			1,095,607.	28	1,288,560
В	29	Permanently restricted net assets			29		
5	ł	Organizations that do not follow SFAS 117 (ASC 9	58), check here 🕨 🗔			
þ	-	and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	3			30	
SS (31	Paid in or capital surplus, or land, building, or e		ent fund		31	
at A	32	Retained earnings, endowment, accumulated i				32	
ž	33	Total net assets or fund balances			4,608,255	33	3,961,379
	34	Total liabilities and net assets/fund balances			5,996,418,	34	5,657,053.

Management	Technologies	International,
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Form.	990 (2015) Inc.	91-170326	<u> </u>	Pag	<u>ge</u> 12			
Par	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				х			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,943,	577.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,575	389.			
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	,608	255.			
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		-15	,064.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	3	,961	,379.			
Pai	t XIII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				LX			
				Yes	No			
1	Accounting method used to prepare the Form 990:							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			1 1			
	separate basis, consolidated basis, or both		1 1	1				
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te basis,						
	consolidated basis, or both:] [}				
	Separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audīt,		<u> </u>				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		ł					
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		x			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	<u> </u>	<u> </u>			
			Form	990	(2015)			

SCHEDULE A

(Form 990 or 990-EZ)

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.

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection

Management Technologies International, Employer identification number

91-1703263 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). x A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

Schedule A (Form 990 or 990-EZ) 2015 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants")	927,567.	1,128,187.	2,503,707.	909,083.	1,322,481.	6,791,025.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf		J				
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		}	}			
4	Total. Add lines 1 through 3	927,567.	1,128,187.	2,503,707.	909,083.	1,322,481.	6,791,025.
	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly					·	
	supported organization) included						
	on line 1 that exceeds 2% of the			[
	amount shown on line 11,						
	column (f)						812,215.
6	Public support. Subtract line 5 from line 4						5,978,810.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	927,567.	1,128,187.	2,503,707.	909,083.	1,322,481.	6,791,025.
8	Gross income from interest,						
_	dividends, payments received on	ľ	Ì				}
	securities loans, rents, royalties						
	and income from similar sources	525.	417.	308.	288.	296.	1,834.
9	Net income from unrelated business						<u> </u>
·	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	-1,294.	374.	16,625.	7,098.	1,362.	24,165.
11	Total support. Add lines 7 through 10						6,817,024.
	Gross receipts from related activities	etc. (see instruction	ons)		<u> </u>	12	12,338,935.
	First five years. If the Form 990 is fo	•	•	d, fourth, or fifth ta	ax vear as a sectio		
	organization, check this box and sto	p here			•	- () ()	
Se	ction C. Computation of Pub	ic Support Pe	rcentage				
_	Public support percentage for 2015 (olumn (f))		14	87.70 %
	Public support percentage from 2014					15	86.37 %
16a	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶ x
ŧ	33 1/3% support test - 2014. If the	organization did no	ot check a box on	ine 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qua						ightharpoons
178	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa-						
	meets the "facts-and-circumstances"						ightharpoons
ı	10% -facts-and-circumstances tes	_	•		_	17a, and line 15 is	10% or
_	more, and if the organization meets t						
	organization meets the "facts-and-cir						ightharpoons
18							ns 🕨 🗔
<u>.,,</u>						edule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2015 Inc. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			<u> </u>			
78	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons 3 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			<u> </u>		 	
	Public support. (Subtract line 7c from line 6.)	3° % ;	1, 4 204 000 000 000 000 000 000 000 000 0			9 1	
	ction B. Total Support	<u></u>					
Cal	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
1	b Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is				-		,
12	regularly carned on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)			1			
14	First five years. If the Form 990 is for	or the organization'	s first, second, th	ırd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15	Public support percentage for 2015	(line 8, column (f) c	divided by line 13,	column (f))		15	%
16						16	%
Se	ction D. Computation of Inve	stment Incom	ne Percentage	<u> </u>			
17	Investment income percentage for 2	015 (line 10c, colu	mn (f) divided by	line 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	e organization did	not check the bo	c on line 14, and lir	ne 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box						ightharpoons
	b 33 1/3% support tests - 2014. If the	e organization did	not check a box o	on line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	
	line 18 is not more than 33 1/3%, ch						ր ▶⊑
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	9a, or 19b, check	this box and see in	structions	▶∟

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on 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)

Section A. All Supporting Organizations

- 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.
- 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 organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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 organization made the determination.
- c 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
- 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.
- b 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 despite being controlled or supervised by or in connection with its supported organizations.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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; (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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - 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.)

		Yes	No
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}-			
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-	3c		
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	10b		

Scheo	dule A (Form 990 or 990-EZ) 2015 Inc.	91-1703263	Pa	age 5
Par				
			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		
	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		
Sect	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		i '	1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	[[[
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1 .)
	controlled the organization's activities If the organization had more than one supported organization,		'	<u> </u>
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_		
2	Did the organization operate for the benefit of any supported organization other than the supported	l		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			ļ
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
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	1	1	ł
	or management of the supporting organization was vested in the same persons that controlled or managed		-	
	the supported organization(s).		<u> </u>	<u>L</u>
Sec	tion D. All 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	ł	1	ł
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ax	1	Ì
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		 	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	—	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		1	İ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	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	ŀ	}	ł
	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	ـــــــــــــــــــــــــــــــــــ	
	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 yea(see in	istructions):		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	ntitu (nn= :+	~ 1	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government en	itity (see instruction		Т
2	Activities Test. Answer (a) and (b) below.	Γ	Yes	No
а		j	ļ	}
	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,			i
	how the organization was responsive to those supported organizations, and how the organization determined		-	
	that these activities constituted substantially all of its activities	2a	+	-
Þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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		-	·}
_	activities but for the organization's involvement.	2b	+	├
3	Parent of Supported Organizations, <i>Answer (a) and (b) below.</i>	l	ł	ŀ
а			-	
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> . Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>3a</u>	+	┼
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	-	
	of the embhasing at description of the description of the section			

	Management Technologies Internation	al,			
Sche	dule A (Form 990 or 990-EZ) 2015 Inc.			91-1703263	Page 6
Pai		g Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on I	Nov 20, 1970. See ir	structions. All	<u>_</u>
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Currer (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or	1 1			
	maintenance of property held for production of income (see instructions)	6		_	
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	Section B - Minimum Asset Amount		(A) Prior Year	(B) Currei (optio	
1	Aggregate fair market value of all non-exempt-use assets (see				-
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	_ 1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI)				_
	Acquisition indebtedness applicable to non-exempt-use assets	2			
3		3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			_
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
-3	Minimum asset amount for progress (from Section B. line 8. Column A)	3	•		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

<u>4</u> 5

6

Schedule A (Form 990 or 990-EZ) 2015

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

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

emergency temporary reduction (see instructions)

- 4.		(a)(b) Supporting Orga	(continued)	0 -174
	on D - Distributions	 _		Current Year
	Amounts paid to supported organizations to accomplish exe			
	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	es of supported organization	<u>s</u>	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
	Other distributions (describe in Part VI). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			 -
8	Distributions to attentive supported organizations to which t	he organization is responsive)	
	(provide details in Part VI) See instructions.			
9_	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015			
a				
b				
c				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7· \$	<u> </u>		
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2016. Add lines 3			
•	and 4c			
8	Breakdown of line 7:			
a				
<u>a</u>		†		
	Excess from 2013	 		
		 		
	Excess from 2014	-	 	
<u>e</u>	Excess from 2015			/Form 000 or 000 F7\ 0045

Schedule A (Form 990 or 990-EZ) 2015 Inc. Page 8
Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Currency translation
2011 Amount: \$ -1,294.
2012 Amount: \$ 374.
Misc.
2013 Amount: \$ 16,625.
2014 Amount: \$ 7,098.
2015 Amount: \$ 1,362.
Schedule A, Part II:
The organization is a school as described under 170(b)(1)(A)(ii) and is
not required to complete a public support schedule. Schedule A, Part
II is completed to verify the School can qualify under public charity
status section 170(b)(1)(A)(vi) and qualifies to use the first listed
special rule for Schedule B reporting.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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/form990.

OMB No 1545-0047 Open to Public Inspection

Management Technologies International,

Employer identification number

-	Inc.	15	91-1/03263				
Par	~		s or Accounts.Complete if the				
	organization answered "Yes" on Form 990, Part IV, line						
		(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 v	vriting that the assets held in donor advi	sed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring						
	impermissible private benefit?		YesNo				
Par	<u></u>		Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	ducation) L Preservation of a his	torically important land area				
	Protection of natural habitat	Preservation of a cei	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a	ture					
	listed in the National Register	2d					
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	ne organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ear	sement is located >					
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f				
	violations, and enforcement of the conservation easements if	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year				
	>						
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserv	ation easements during the year				
	▶ \$						
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	(0(h)(4)(B)(ı)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for				
	conservation easements.						
Pa	rt III Organizations Maintaining Collections o		Other Similar Assets.				
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,				
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthe	rance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that descr						
þ	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	public service, provide the following amounts				
	relating to these items.						
	(i) Revenue included on 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 tre		cial gain, provide				
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		▶ \$				
t	Assets included in Form 990, Part X		> \$				

	dule D (Form 990) 2015 Inc.			-: -:				1-1/032			ge Z
Par											
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	are a sigi	nificant u	ise of its	collection	n items	j
	(check all that apply):										
а	Public exhibition	d			nange prograi	ms					
þ	Scholarly research	е		Other							
C	Preservation for future generations										
	Provide a description of the organization's co							se in Par	t XIII.		
	During the year, did the organization solicit o					r sımılar a	assets		٦	_	
	to be sold to raise funds rather than to be ma								<u> Yes</u>		No
Par	·		ete if the	organizatio	n answered "	Yes" on F	om 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other ass	sets not in	ncluded	_	٦.,		
	on Form 990, Part X?							L	J Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing t	able:			Г				
	_						} 		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
e	Distributions during the year						1e				
1	Ending balance	array 000 David V Juna	.01 for a		untarial again	والمام المام	_ <u>1f</u> _		Yes		NI-
	Did the organization include an amount on F If "Yes," explain the arrangement in Part XIII.						y ?		」 tes		No
Par											
- ui	Endownione Landor Complete	(a) Current year		rior year	(c) Two years		t) Three ye	ears hack	(e) Four	veare l	
10	Beginning of year balance	(a) Current year	(5).	nor year	(c) The year.	3 Duck 16	aj mice y	cars ouck	(e) Tour	years i	auk
	Contributions		 						\vdash		
b											
G	Net investment earnings, gains, and losses Grants or scholarships										
	Other expenditures for facilities										
C	· ·				ł	ł			1		
f	and programs Administrative expenses		-								
g	End of year balance		 								
2	Provide the estimated percentage of the cur	rent vear end halan	ce (line 1	a. column (a)) held as						
- а	Board designated or quasi-endowment	,	%	9,	-,,						
b	Permanent endowment	%									
	Temporarily restricted endowment	<u></u> %									
_	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		zation tha	at are held a	and administe	red for the	e organiz	ation			
	by.	-					-		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	chedule R?	,				3b		
4	Describe in Part XIII the intended uses of the	e organization's end	owment	funds							
Pa	rt VI Land, Buildings, and Equipr	nent.					_				
	Complete if the organization answere	ed "Yes" on Form 99	0, Part I	/, line 11a	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) Ac	cumulate	ed	(d) Bool	k value	;
		basis (invest	tment)	basis	(other)	dep	reciation				
1a	Land			L							
b	Buildings										
C	Leasehold improvements			ļ	23,343.			396.			947.
d	Equipment				577,513.		409,			167,	739.
	Other			L	13,117.		13,	117.		-	0.
Tota	I. Add lines 1a through 1e (Column (d) must e	egual Form 990. Par	t X. colui	nn (B), line	10c)					175	586.

Schedule D (Form 990) 2015 Inc.	ologies Internationa	,	91-13	703263	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	luation: Cost or end-	of-year marke	et value
(1) Financial derivatives					
(2) Closely-held equity interests		 			
(3) Other		ļ			
(A)					
(B)		 			
(C)		 			
(D)		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
<u>(E)</u>		 			
(F) (G)					
(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"	on Form 990, Part IV, line	11c. See Form 990,	Part X, line 13		
(a) Description of investment	(b) Book value		aluation Cost or end-	of-year marke	et 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)		<u> </u>			
(6)	<u> </u>	_			
		 			
		 			
(9)	2 026 092				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	2,026,092	· <u>l</u>			
Complete if the organization answered "Yes"	on Form 990 Part IV line	e 11d. See Form 990	Part X line 15		
	Description	3 1 14 COO 1 CHI COO,	1 4177, 1110 10:	(b) Book	value
(1) Deposits					23,065
(2) Amount due from affiliates					462,270
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) III	ne 15.)		> L		485,335
Part X Other Liabilities.		. 4444£ O F	- 000 B+ V I 05		
Complete if the organization answered "Yes (a) Description of liability	on Form 990, Part IV, III	(b) Book value	1 990, Paπ X, line 25		
		(b) Book value			
(1) Federal income taxes (2) Due to International Schools		753,100.			
(3) Amount due to affiliates		462,270.			
(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

1,215,370.

(9)

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

MTI files information tax returns in the U.S. The Organization is

generally no longer subject to U.S. federal and state income tax

examinations by tax authorities for years before 2013.

or disclosure in the combined financial statements.

`	Management Technologies International,		
Schedule D (Form 990) 2015 PartXIII Supplemental Infor	Inc.	91-1703263	Page 5
PartXIII Supplemental Infor	mation (continued)		
		-	
			
			
			
			
			
			
			
			
			
	- <u>-</u>		
		_	
			
	· · · · · · · · · · · · · · · · · · ·		
			
		 	

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Schools

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

➤ Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Name of the organization

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

Employer identification number

91-1703263

			YES	NO
l	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	1	İ	
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		1	
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	L		
	If you need more space, use Part II	3	х	
	See Part II			
	Does the organization maintain the following?	j		<u> </u>
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II		_	
		j]]
		İ		
,	Does the organization discriminate by race in any way with respect to:		l.,	
а	Students' rights or privileges?	5a		х
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5c		х
	Scholarships or other financial assistance?	5d		х
е	Educational policies?	5e		х
	Use of facilities?	5f		х
g	Athletic programs?	5g		х
_	Other extracurricular activities?	5h		х
-	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
	, , , , , , , , , , , , , , , , , , , ,			
		ł		1
		1		1
a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
	If you answered "Yes" on 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		<u></u>	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on Part II	7	X	

Management Technologies International,

Schedule E (Form 990 or 990-EZ) (2015) Inc.	L-1703263	Page 2
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as a	ipplicable	
Also provide any other additional information.		
Explanation of Nondiscrimination Policy:		
The organization operates seven international schools in the People's		
Republic of China and one in the United Arab Emirates. Each school		
inspection of children and one in one of the children in the c		
aggents students recording of rage, solor or national origin in		
accepts students regardless of race, color or national origin in		
anne de la companya d		
accordance with the organization's non-discrimination policies.		
However, schools must operate in strict accordance with Chinese and UAE		
law, which limits admission to children from the International		
community. Schools are open to all international students, regardless		
of race, color or national origin, if they are permitted to attend		
under Chinese or UAE law. It would not be appropriate or feasible for		
the schools to use general circulation print or broadcast media to		
solicit students or to publicize admissions policies because they are		
read primarily by those whose children cannot attend international		
schools. The required non-discrimination notice is included on school		
websites, brochures, advertising materials and documents. All schools		
		-
have very diverse student bodies, including international students from		
over 40 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 Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
Form 990, Part IV	, line 14b				
			is to substantiate the amount of its gra		, —
the grantees' eligibility fo	or the grants or a	ssistance, and t	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Descr United States.	nbe in Part V the	organization's p	procedures for monitoring the use of it	s grants and other assistance ou	tside the
	ne following Part	I. line 3 table ca	an be duplicated if additional space is	needed.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
(a) riogion	offices in the region	employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	expenditures for and investments
		in region	- Technetics tocated in the region,	or service(s) in region	ın region
					İ
East Asia and the					
Pacific	2	20	Program Services	Education & Training	457,292.
_					
		2			
East Asia and the			Grants to Recipients		
Pacific	0	0	Located in Region		151,840.
				1	_
East Asia and the					
Pacific	0	0	Program Investments		1,996,092.
_					
		1		Ì	
Middle East and					
North Africa	2	30	Program Services	K-12 Education	2,001,690.
	İ		i	l _i	
Middle East and					
North Africa	(0	Program Investments		30,000.
Middle East and	ł	1	Grants to recipients		
North Africa		0	located in region		574,835.
					}
		{			[
					1
				<u>L</u>	_
3 a Sub-total	<u> </u>	50			5,211,749.
b Total from continuation					
sheets to Part I		0			0.
c Totals (add lines 3a		 			<u> </u>
and 3b)		50			5,211,749.

91-1703263

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 Schedule F (Form 990) 2015

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the	Paith-Based Education	50 044 Warious	Various			
		East Asia and the Pacific	Paith-Based Education	101,796.	796.Various	0.		
		Middle Bast and North Africa	Paith-Based Education	527,794.Various	Various	0		
		Middle Bast and North Africa	Faith-Based Education	50,041.	50,041.Various	0		
2 Enter total number of	recipient organizatio	Enter total number of recipient organizations listed above that are the IRS or for which the grantee or counsel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS or for which the crantee or counsel has provided a section 501(ci)(3) equivalency letter	foreign country,	recognized as tax-e)	empt by		3
3 Enter total number of other organizations or entitles	other organizations	or entitles				. 🛕		1
							70400	Sept. 4.10 E (Earm 000) 2015

Schedule F (Form 990) 2015

Page 3

91-1703263

Schedule F (Form 990) 2015 Inc.

Schedule F (Form 990) 2015 Inc.

Parilli 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.

` 		ļ	!				3015
(h) Method of valuation (book, FMV, appraisal, other)				i ,			Schedule F (Form 990) 2015
(g) Description of non-cash assistance						i	Sched
(f) Amount of non-cash assistance							
(e) Manner of cash disbursement							
(d) Amount of cash grant							
(c) Number of (d) Amount of recipients cash grant							
(b) Region							
(a) Type of grant or assistance (b) Region							

"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; do not file with Form 990)

Schedule F (Form 990) 2015

X Yes No

_	T

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) (accounting method, amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information
Part I, Line 2:
The organization monitors the use of granted funds through on-site
The Organization monitors and the or grander rates and the organization
visits, which are conducted with every grant recipient. Additionally,
recipients are required to undergo a financial audit, and provide
financial reports noting accomplishments.
The organization requires all grant recipients to agree to, and sign, a
detailed grant agreement, prior to granting funds. Potential grant
recipients, and their representatives, must establish a commitment to
integrity and morality before any funds will be granted. The organization
typically provides oversight via the executive leadership team, to any
grant recipient as a way to encourage and foster effective use of funds,
and to assist in developing leaders in the faith-based education arena.
Part I, line 3:
Foreign expenditures are accounted for by the accural method.
Schedule F, Part IV, Line 5:
The organization does not have a current filing requirement for 8865.
Please see Form 5471 for disclosure of Shenyang Brave English Language
Training Center in which Sharp Thinking, a wholly owned entity, has a
50% joint venture interest.

Employer identification number 91-1703263 Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990)

Part General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monif	toring the use of grant	funds in the United	d States			
Part II Grants and Other Assistance to Domestic Organization	Domestic Organi	zations and Domestic	c Governments. C	omplete if the orga	inization answered "Y	is and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be du	\$5,000. Part II can		plicated if additional space is needed	led			
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
	1043027		000 07	c			Esith Bacod Wdurstion
Louisville, KY 40239	31-1043937	ĵ	000,05	2			alcu-based Education
Christar P.O. Box 850357 Richardson, TX 75085	22-1717576	501 (c) 3	39,434.	o		щ	Faith-Based Education
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	ganizations listed in the	line 1 table				2.
	listed in the line 1	l table			ļ		0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instructi	ons for Form 990.					Schedule I (Form 990) (2015)

o. Schedule I (Form 990) (2015)

91-1703263

Schedule I (Form 990) (2015)

Inc.

Faralti Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed

(e) Method of valuation (f) Description of non-cash assistance (book, FMV, appraisal, other)			mation							
(e) Metho (book, FMV,			dditional infor					:		
(d) Amount of non- cash assistance			(b), and any other a						ì	
(c) Amount of cash grant			l ne 2, Part III, columr		ired	that each				
(b) Number of recipients			ured in Part I, li		through requ	the requirement that each				
(a) Type of grant or assistance			Ranging Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	_		financial reports noting accomplishments, and the r	iew.			

Schedule I (Form 990) (2015)

532102 10-28-15

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Management Technologies International,

Employer identification number 91-1703263

F	art I Questions Regarding Compensation	_		_
_			Yes	No
1:	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		·	1
	First-class or charter travel Housing allowance or residence for personal use	1		
	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)		ŀ	
	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		
2				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
	tradices, and officers, modeling the SES, Excessive Shocker, regularing the nether animals in	┢		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
Ĭ	CEO/Executive Director. Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.	1		
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Point 990 of other organizations			
	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4		1		i
	organization or a related organization:	4a	<u> </u>	<u></u>
	a Receive a severance payment or change-of-control payment?	4b	_	x
	 Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 	4c	-	x
		1	 	 -
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		1	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			1
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	1		İ
•			İ	
	contingent on the revenues of	5a		x
	a The organization?	5b	 	x
	b Any related organization?	130	 	
	If "Yes" to line 5a or 5b, describe in Part III.		-	
•	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:		·	x
	a The organization?	6a 6b	\vdash	x
	b Any related organization?	100	 	+^
_	If "Yes" on line 6a or 6b, describe in Part III.	1		
-	7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	-	 	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	 	х
1	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>	 -	 -
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	 	X
,	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_		

Railing Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2015

91-1703263

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

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

	(B) Breakdown of W	of W-2 and/or 1099-M	2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
	Cool (a)	A Stroop (iii)	(iii) Other	other deferred	benefits		in column (b)
(A) Name and Title	(I) Base compensation		reportable compensation	compensation			on prior Form 990
	(E)						
0	(ii)						
	(!						
)	(ii)						
	(1						
	(E)						
	(1)						
	(ii)						
	0						
	(8)						
	8						
	E						
<u> </u>							
	9						
	9						
3	(E)						
	€						
	(II)						
	(0)						
	(ii)						
	(0)						
	(1)						
	(1)						
)	(ii)						
	(1)						
) 	(ii)						
	(1)						
	(ii)						
532112						Schedu	Schedule J (Form 990) 2015

		•
Page 3		nation.
91-1703263		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
ä	nation	ation, or o
Schedule J (Form 990) 2015	Part III Supplemental Information	Provide the information, explan

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

Compensation from Unrelated Organizations

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. \$25,000 in compensation

was paid for the tax year ended 6/30/2016. A seconding agreement exists

between the filing organization and the unrelated organization.

An unrelated domestic exempt organization with similar faith-based

purposes to those of MTI, compensated Gregg Vossler, part year Vice

President of MTI, for services rendered to MTI, \$18,989 in reportable

compensation was paid for the tax year ended 6/30/2016. A seconding

agreement exists between the filing organization and the unrelated

organization.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

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

Management Technologies International,

Employer identification number 91-1703263

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, \$218,526 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, President (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 B, line 11: A copy of the Form 990 and related schedules is provided to the board's audit committee for review, dissemination to the full board, and approval prior to filing. Management is familiar with the Form 990 and reviews 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

Schedule O (Form 990 or 9		Page 2
Name of the organization	Management Technologies International, Inc.	Employer identification number 91-1703263
committee chair prov	ides written approval to the Assistant Treasurer for	
filing.		
Form 990, Part VI, S	ection B, Line 12c:	
Board members, offic	ers, 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, S	Section B, Line 15:	
Annually, the indepe	endent board evaluates salary surveys and comparability	
data from independen	nt industry sources for officers and key employees	
(Defined according	to the revised definition found in the instructions to	
Form 990 and related	d 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 Technolo	gies International, Inc. makes its Form 1023 and Form	
990s available to i	nterested parties upon written request.	
Form 990, Part VI,	Section C, Line 19:	
Disclosure of gover	ning documents, policies, and financial statements are	
made to interested	parties upon written request.	
Form 990, Part VII,	Section A, Column D	
Disregarded Entity	Reportable Compensation Explanation:	
Gregg Vossler		
532212 09-02-15		Schedule O (Form 990 or 990-EZ) (2015

Name of the organization Management Technologies International,	Fage 2
Name of the organization Management Technologies International, Inc.	Employer identification number 91-1703263
Column D: Base compensation paid by Wellspring Education Consultancy, a	
Column D: Base compensation para 2, wellspring Education Consultation, C	
foreign disregarded entity reported on Schedule R, Pt. I.	
	
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Form 990, Part VIII, Line 10c:	
Net Sales of Inventory:	
The inventory sold consisted of a single book entitled "Faith of Our	
Fathers" which is a non-fictional book describing the history and role	
of faith in ancient Chinese leadership. The book is used to further the	
character-based educational purpose of the organization.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Foreign currency translation adjustment -15,064.	
Form 990, Part XII, Line 2c:	
The organization maintains an audit committee which is responsible for	
oversight of the audit process and selection of the independent	
accounting firm used. This process has not changed from the previous	
year.	
Jean.	
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Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Open to Públic 2015

OMB No 1545-0047

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

Name of the organization Department of the Treasury Internal Revenue Service

Part

SCHEDULE R

(Form 990)

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

Employer identification number 91-1703263

anagement Technologies Inc. Direct controlling Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. 806,134.International, End-of-year assets **e** 1,110,302. Total income € United Arab Emirates Legal domicile (state or foreign country) other program iniatives in lirect management, and Education consulting, Primary activity 9 Bida Bin Amar, Al Ain, UNITED ARAB EMIRATES Name, address, and EIN (if applicable) Wellspring Education Consultancy of disregarded entity Street 2, Building 14, Unit 2 Partill

organizations during the tax year.							
(8)	(q)	(2)	<u>©</u>	(e)	E	(g)	(h)(13)
NIE page souther small	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	pellottuoo	(a. Va)
of related organization	, , , , , , , , , , , , , , , , , , ,	foreign country)	section	status (if section	entity	entity?	,
				501(c)(3))		Yes	N _o
LDI Foundation, 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,	 				Technologies		
Newnan, GA 30265	Faith-Based Education	Oklahoma	501(c)3	Line 9	International		×
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				-			
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part VII for Continuations

Schedule R (Form 990) 2015

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91-1703263

Schedule R (Form 990) 2015

General or Percentage managing ownership 乏 YesNo 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. Code V-UBI amount in box 20 of Schedule - K-1 (Form 1065) Yes Disproportionate allocations? Ξ Share of end-of-year assets Œ Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) e (d)
(Direct controlling entity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization <u>a</u>

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year	le as a Corporation or Trust C uring the tax year	complete if th	e organization answ	ered "Yes" on Fon	m 990, Part IV, line	34 because it ha	d one or mor	e related
(a)	(q)	(0)	(p)	(e)	(J)	(6)	(F)	(i)
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	512(b)(13) controlled entity?
		country)	;	or trusty		doscis		Yes No
Sharp Thinking Int'l (Qingdao) Co, Ltd			Management					
Room 405 Jinguang Bldg, #56, Xiang			Pechnologies					
Qingdao, Shandong, CHINA 266071	Education	China	International		-339,126.	2,195,119.	100.00%	×
							-	
								_

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Schedule R (Form 990) 2015

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Schedule R (Form 990) 2015

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

Note: Complete line in any entity is listed in ratis in in, or iv or this screedile. 1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Papers All Integrat till annualized till papers or find some organizations.
<u>;</u> 🗖 🕯

- - Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from 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)
- Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ho must complete the	his line, including covered r	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) LDI Foundation, Inc.	ပ	1,321,255.1	1,321,255.Trial balance
(2) LDI Foundation, Inc.	ī	0	
(3) LDI Foundation, Inc.	М	0.	
(4) LDI Foundation, Inc.	N	0	
(5) LDI Foundation, Inc.	0	•0	
(6) LDI Foundation, Inc.	Б	0	

91-1703263	•	(d) Method of determining amount involved	95,676,Cost Basis			553,US Dollar cash pmt															
		(c) Amount involved	95,676.	0.	0.	149,553.	•0	•0	0.	0.											
	m 990), Part V, line 2)	(b) Transaction type (a-r)	В	ī	М	ð	ī	×	Z	0											
Management Technologies International, Schedule R (Form 990)	of Tran	(a) Name of other organization	(7)Sharp Thinking Int'l (Qingdao) Co, Ltd	(8)Sharp Thinking Int'l (Qingdao) Co, Ltd	(9)Sharp Thinking Int'l (Qingdao) Co, Ltd	(10)Sharp Thinking Int'l (Qingdao) Co, Ltd	(11)International Schools Consortium Inc.	(19)International Schools Consortium Inc.	(13)International Schools Consortium Inc.	(14)International Schools Consortium Inc.	(15)	(5)	(21)	(18)	(19)	(23)	(21)	(22)	(23)	(24)	

Management Technologies International,

Schedule R (Form 990) 2015 Inc.

Parison 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	structions regarding exclu	Sion for certain inve	estment partnersnips						l	
(a)	(q)	(၁)	(p)	e [£		Ξ	(9)	9	≆
Name, address, and EIN	Primary activity	Legal domicile	Predominant income par (related, unrelated, 5	partners sec 501(c)(3)	Share of total	Share of end-of-year	Orspropor- tionate	amount in box 20 managing ownership	General c managing partner?	General or Percentage managing partner? ownership
(m)		country)	excluded from tax under sections 512-514)	Yes No	income		Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2015

Management Technologies International,

Schedule R (Form 990) 2015 Inc.	91-1703263	Page 5
PartVIII Supplemental Information		
Provide additional information for responses to questions on Schedule R (see instructions)		
Part I, Identification of Disregarded Entities:		
Name of Disregarded Entity:		
Medio of Bloody.	-	
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:		
LDI Foundation, Inc.		
Direct Controlling Entity: Management Technologies International Inc.		
	 	
Name of Related Organization:	 	
International Schools Consortium Inc.		
Direct Controlling Entity: Management Technologies International Inc.		
Direct Controlling Environ.		
		······································
Part IV, Identification of Related Organizations Taxable as Corp or Trust:		
Name of Related Organization:		
Name of Notable organization.		
Sharp Thinking Int'l (Qingdao) Co, Ltd		
Direct Controlling Entity: Management Technologies International Inc.		
		
Cahadula B. Bart T		
Schedule R, Part I		
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.		
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Schedule R (Form 990) 2015

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