

2006

Open to Public Inspection

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning, 2006, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: INTL CONSORTIUM FOR ORGANIZATIONAL RESILIENCE. D Employer identification number: 20-3943106. E Telephone number: (630) 629-6327. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: Cash, Accrual. H Check if the organization is not required to attach Schedule B.

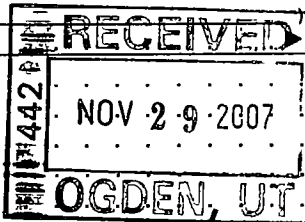
I Website: www.theicor.org. J Organization type: 501(c)(3).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, special events, gross sales of inventory, other revenue, total revenue, grants paid, salaries, professional fees, occupancy, printing, other expenses, total expenses, excess or deficit, net assets at beginning/end of year, and other changes in net assets.



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Part II Balance Sheets—if Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table for Balance Sheets with columns (A) Beginning of year and (B) End of year. Rows include cash, savings, and investments; land and buildings; other assets; total assets; total liabilities; and net assets or fund balances.

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>EDUCATION & TRAINING</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>EDUCATION TO MEMBERS IN FORM OF WEBSITE; DEVELOPMENT OF "E" LEARNING COURSE, CONFERENCE RELATED EXPENSES; ALL RELATED TO EDUCATION (NOTE EXPS. IN LINES 13 & 16)</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 29296
29 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32 29296

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>SEE ATTACHED SCHEDULE OF SIX OFFICER/DIRECTORS</u>				
.....				
.....				
.....				

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>-0-</u>	37a		
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X	
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		

↳ LOANS FROM DIRECTORS : \$3205.

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____
- b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____
- d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ _____
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		X
40e		X

41 List the states with which a copy of this return is filed. ▶ ILLINOIS

42a The books are in care of ▶ LYNDA NELSON Telephone no. ▶ (630) 629-6327
 Located at ▶ 207 W. ASH ST. LOMBARD IL

- b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)? . . .
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for . . .
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country? . . .
 If "Yes," enter the name of the foreign country: ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year: ▶ _____

Under penalties of perjury, I declare that I have examined this return, and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Please Sign Here

▶ Lynnda M. Nelson
 Signature of officer

▶ Lynnda M Nelson President
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ROGER O. ANDERSON CPA
2000 W. GALENA BLVD # 301 AURORA IL 60506

Employed ▶ (If not self-employed, check this box.)

EIN ▶ 364225000

Phone no ▶ (630) 844-3300



A Name & Address	B Title, Average Hrs. Worked, & Position	C Compensation	D Cont. to Employee Benefit Plans & Deferred Comp.	E Expense Account & Other Allowances
James I. Nelson 207 W. Ash Street Lombard, IL 60148	DIRECTOR 10 HR/WK	NONE	NONE	NONE
Lynnda M. Nelson 207 W. Ash Street Lombard, IL 60148	PRESIDENT, 20 HR/WK	NONE	NONE	NONE
Laurence Gratton 11051 Bishopsgate Ct. Rston, VA 20194	V.P. & DIRECTOR LESS THAN 1 HR/WK	NONE	NONE	NONE
Peter Murphy 61 Bellchambers St. ACT, Austrailia 2906	DIRECTOR LESS THAN 1 HR/WK	NONE	NONE	NONE
Hermeet Singh No.18 Jalan Sg Ramal Shah Alam 40460 Selangor, Malaysia	SECRETARY LESS THAN 1 HR/WK	NONE	NONE	NONE
Peter Srivaree-Ratana 522/203 Sathupradit 34 Bangkok, Thailand 10120	TREASURER LESS THAN 1 HR/WK	NONE	NONE	NONE

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <u>THE INTL CONSORTIUM FOR ORGANIZATIONAL RESILIENCE</u>	Employer identification number <u>20-3943106</u>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <u>c/o L. NELSON; 207 W. ASH STREET</u>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <u>LOMBARD, IL 60148</u>	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ L. NELSON; 207 W. ASH ST. LOMBARD, IL 60148

Telephone No. ▶ (630) 629-6327 FAX No. ▶ ()

- If the organization does not have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit **Group Exemption Number (GEN)** _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2006... or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return See instructions.	Name of Exempt Organization THE INTL CONSORTIUM FOR ORGANIZATIONAL	Employer identification number 20:3943106
	Number, street, and room or suite no. If a P.O. box, see instructions. RESIDENCE C/O L. NELSON; 207 W. ASH STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOMBARD, IL 60148	

Check type of return to be filed (File a separate application for each return):

- | | | | |
|---|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **L. NELSON; 207 W. ASH ST. LOMBARD IL 60148**
Telephone No. **(630) 629-6327** FAX No. **()**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15**, 20**07**.
- 5 For calendar year **2006**, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **TAXPAYER NEEDS ADDITIONAL TIME TO APPROPRIATELY ALLOCATE EXPENSES TO PROGRAMS AND BREAK OUT EXPENSES AS REQUIRED TO FILE COMPLETE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Roger Anderson** Title **CPA** Date **8/15/07**

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name ROGER ANDERSON CPA (I.C.O.R.)
	Number and street (include suite, room, or apt. no.) or a P.O. box number 2000 W. GALENA BLVD #301
	City or town, province or state, and country (including postal or ZIP code) AURORA IL 60506