Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For t	he 2022 calen	dar year, or tax	c year begir	nning		, 2022,	and ending	9		,	20	
В	Check	if applicable:	С						D	Employ	yer identi	fication number	
	X A	ddress change	ITEE GLOE	BAL						46-	57444	441	
		ame change	5900 BALC		R. #6444				E		one numb		
		itial return	AUSTIN, T							512	-712-	-2495	
			,						<u> </u>	312	-/12-	-2433	
		nal return/terminated										5 600	F1.6
	-	mended return	_					1.			eceipts \$		<u>,516.</u>
	A	pplication pending		lress of principa	al officer: DR.	. GEORGE	LAW		H(a) Is this a g				
			Same As C	Above					H(b) Are all sub If "No," att	oordinates tach a list	s included t. See inst	I? Yes tructions.	No.
<u> </u>	Tax-	exempt status:	X 501(c)(3)	501(c) () (i	insert no.)	4947(a)(1) or	527					
J	We	bsite: IT	EEG.ORG						H(c) Group exe	mption n	umber		
K	Forn	n of organization:	X Corporation	Trust	Association	Other	LY	ear of formation	on: 2014	M s	State of le	egal domicile: T	ζ
Pa	rt I	Summar					l .						
	1		be the organiza	ation's miss	ion or most	significant a	ctivities: TTF	E GLOBA	T. TRATI	IS AN	D EOI	ITPS TEAC	HERS
			BOTH CAPA										
Governance			TO MAKE F										
na L		JESUS.			=						= =		
Ş	2	Check this bo	ox lif the	organizatio	n discontinu	ued its opera	itions or dispo	osed of mo	re than 25%	6 of its	net ass	sets.	
ဗ	3		oting members								3		6
જ	4		dependent voti	-		•	•				4		4
<u>ië.</u>	5	Total number	of individuals	employed in	n calendar y	ear 2022 (Pa	art V, line 2a))			5		13
Activities &	6		of volunteers								6		40
Ac	7a	Total unrelate	ed business rev	enue from	Part VIII, co	lumn (C), lir	ne 12				7a		0.
	b	Net unrelated	l business taxa	ble income	from Form 9	990-T, Part I	, line 11				7b		0.
									Pric	r Year		Current Y	ear
4	8	Contributions	and grants (P	art VIII, line	: 1h)				1,	092,0	067.	699	,516.
Revenue	9	Program serv	rice revenue (F	art VIII, line	e 2g)					<u> </u>			
Ş.	10	Investment in	ncome (Part VI	II, column (A), lines 3, 4	4, and 7d)							
æ	11	Other revenu	e (Part VIII, co	lumn (A), li	nes 5, 6d, 8	c, 9c, 10c, a	nd 11e)						
	12	Total revenue	e – add lines 8	through 11	(must equa	ıl Part VIII, c	olumn (A), lir	ne 12)	1,	092,0	067.	699	,516.
	13	Grants and s	imilar amounts	paid (Part	IX, column ((A), lines 1-3	3)			10,0)47.	6	875.
	14	Benefits paid to or for members (Part IX, column (A), line 4)								<u> </u>			
	15	Salaries, other	er compensatio	n. emplove	e benefits (F	Part IX. colu	mn (A), lines	5-10)		299,3	366	437	7,154.
Expenses	162		fundraising fee						-		,,,,,	10,	<u>, 10 11</u>
ens	104			•		•							
<u>.</u> 於	b		sing expenses					7,506.					
ш	17		ses (Part IX, co							712,2	259.	300	,379.
	18		es. Add lines 1							021,6	572.	744	,408.
	19	Revenue less	expenses. Su	btract line 1	8 from line	12				70,3	395.	-44	,892.
- S									Beginning of	of Currer	nt Year	End of Y	ear
ets and	20	Total assets	(Part X, line 16	5)						237,6		205	,483.
Ass	21	Total liabilitie	es (Part X, line	26)						7,7	763.		,462.
Net Assets	22	Net assets or	fund balances	. Subtract I	ine 21 from	line 20				229,9	913	185	,021.
	rt II	Signatur	e Block			-			<u>'</u>	227,	710.	100	, 021.
				amined this ret	urn including ac	companying sch	and staten	ments and to t	he hest of my k	nowledge	and helie	of it is true correc	t and
com	plete. D	eclaration of prepa	eclare that I have ex arer (other than offic	er) is based on	all information	of which prepare	r has any knowled	dge.	ne best of my k	nowicage	and bene	or, it is true, correc	t, and
Sig	n	Signature of	officer						Date				
He	re re	חם כו	EORGE LAW					D	residen	+			
			t name and title					г	restueii	L			
		, ,	preparer's name		Preparer's sig	ınature		Date		a alı	12 1	PTIN	
_			•		i reparer a alg	, .aturo		Date		neck	⊣ "		,
Pa			J. Costab		<u> </u>				se	lf-employ	red]	P00629672	<u>:</u>
	epar				Steffens	s, PC							
Us	e Or	ily Firm's addre	ess <u>1805</u>	Hicks R	d.				Fir	rm's EIN		-3335935	
_			Rolli	ng Mead	ows, IL	60008			Ph	none no.	847-	776-3700	
Ma	y the	IRS discuss th	nis return with t				tructions					X Yes	No

Par	t III	Statement of Program Service Accomplishments Charle if Schoolule O contains a represent a convenient in this Bort III.	X
1	Rriafly	Check if Schedule O contains a response or note to any line in this Part III	<u>A</u>
	-		
	<u> </u>	Scuedate 0	
2	Did the	e organization undertake any significant program services during the year which were not listed on the prior	
		990 or 990-EZ?	No
	If "Yes	s," describe these new services on Schedule O.	ı
3	Did th	e organization cease conducting, or make significant changes in how it conducts, any program services?	No
	If "Yes	s," describe these changes on Schedule O.	ı
4	Descri	ibe the organization's program service accomplishments for each of its three largest program services, as measured by expe	enses.
	Section	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience.	nses,
	and re	evenue, il any, for each program service reported.	
4-	(Cada	. VEvenence C COO OOF including events of C VEvenus C	
4a	(Code)
		O THE LEAST OF THESE PROGRAM -	
		OUGH THIS PROGRAM, ITEE GLOBAL IS TRAINING TEACHERS IN THE ABOVE MENTIONED	.c mo
	COOL	NTRIES. THESE TEACHERS NOT ONLY RECEIVE EXTENDED TRAINING BUT ALSO GIVEN ACCES	5 10
	CURI	RICULUM BOTH ONLINE AND IN PRINT FOR LOCALIZED TRAINING NEEDS.	
4b	(Code	:) (Expenses \$ including grants of \$) (Revenue \$))
4c	(Code	:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other	program services (Describe on Schedule O.)	
	(Ехре	nses \$ including grants of \$) (Revenue \$)	
<i>1</i> 6	Total	program service expenses 632 025	

Form 990 (2022) ITEE GLOBAL Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4		Х
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 I	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? <i>If "Yes," complete Schedule D, Part II.</i>	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		X
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a	Χ	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Χ	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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

Form 990 (2022) ITEE GLOBAL Part IV Checklist of Required Schedules (continued)

			Yes	No
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? <i>If "Yes," complete Schedule J.</i>	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete 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 Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	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? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
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? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	NO
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1.	X	
ВΛΛ	(garnbling) winnings to prize winners?	1c	Α	(0000

Form 990 (2022) ITEE GLOBAL

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 13			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Λ
Ĭ	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7h		
	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?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 4 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? See Schedule 0 Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7h Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8a X **b** Each committee with authority to act on behalf of the governing body?..... 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 **Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ 12a Did the organization have a written conflict of interest policy? If "No," go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ... See .Schedule .0 Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... Χ 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? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15a **b** Other officers or key employees of the organization... See. Schedule. Q..... 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... 16a X **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements?... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records. GEORGE LAW PO BOX 1652 LEANDER TX 78646 719-439-0360

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.....

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relat	ed organiz	ation	con	nper	ısate	ed any	/ cu	rrent officer, direct	or, or trustee.	
				(C))					
(A) Name and title	(B) Average hours	thar	one both	box, an c	unles	,	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	related organizations (W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
_(1) DR. GEORGE LAW President	$-\frac{40}{0}$	Х						20 400	0	0
(2) DR. TED TRAVIS	2	Λ						30,400.	0.	0.
Chairman	0	Х		Х				0.	0.	0.
(3) DR. MATT WALN MEMBER	2	Х						0.	0.	0.
(4) DAN RISLEY	2									
Secretary	0	Х						0.	0.	0.
	2	Х						0.	0.	0.
(6) STEVE MEYER Treasurer	2	Х		Х				0.	0.	0.
									<u> </u>	<u> </u>
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

orm 990 (2022) ITEE GLOBAL 46-5744441 Page 8												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C)												
(A) Name and title	Average hours per week	offi	, unle cer a	Pos check ess pe nd a o	sition more erson direct	than of the the than of the	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	((F)	
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	the o	nsation fi rganizatio d related anizations	on
(15)												
(16)												
(17)												
(18)												
<u>(19)</u>												
(20)												
(21)												
(22)												
(23)		•										
(24)												
(25)												
1b Subtotal								30,400.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							-	30,400.	0.			0.
2 Total number of individuals (including but not limited from the organization										pensatio	า	<u> </u>
3 Did the organization list any former officer, direct	tor truste	e ke	ev e	mnle	ovec	orl	hiah	nest compensated	employee		Yes	No
on line 1a? If "Yes, "complete Schedule J for suc 4 For any individual listed on line 1a, is the sum of	h individu	ıal								. 3		Х
the organization and related organizations greate such individual	er than \$1	50,0	00?	If "` 	Yes,	" con	nple 	ete Schedule J for		. 4		X
 5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes Section B. Independent Contractors 	e comper s," comple	nsatio ete S	n fr che	om dule	any J fo	unre or su	late ch p	d organization or person	individual	. 5		Χ
Complete this table for your five highest compen compensation from the organization. Report compensation from the organization.	sated ind	epen the c	den alen	t coi	ntra year	ctors endir	tha ng w	t received more the trace to th	nan \$100,000 of ganization's tax yea	r.		
Name and business add	ress							Description (of services	Compe	C) nsatio	n
2 Total number of independent contractors (including b	out not lim	ited to	o the	ose I	listed	d abov	ve) v	who received more	than			
\$100,000 of compensation from the organization	0											

Par	t VI	Statement of Revenue Check if Schedule O contains	a resn	onse or note to any	/ line in this Part VI	II		
		Check if Generalic G contains	<u>a 105p</u>	onse of note to dry	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, ts		Federated campaigns	1a					
s, Grant Amount	b	Membership dues	1b					
S, G	С	Fundraising events	1c					
ig ig	d	Related organizations	1d					
ns, Gift Similar	e f	Government grants (contributions) All other contributions, gifts, grants, and	1e					
ig a		similar amounts not included above	1f	699,516.				
Contributions, Gifts, Grants, and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	1g	5,944.				
CO	h	Total. Add lines 1a-1f			699,516.			
				Business Code	0337310.			
Program Service Revenue	2a		[
æ	b							
₹.	C							
Se	d							
ram	e f	All other program service revenue						
ğ	ď	Total. Add lines 2a-2f	<u> </u>					
	3	Investment income (including divide						
	ľ	other similar amounts)						
	4	Income from investment of tax-e						
	5	Royalties						
	60	Gross rents	eai	(ii) Personal				
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		Net rental income or (loss)						
	7a	Gross amount from (i) Secu	rities	(ii) Other				
	-	sales of assets						
	b	Less: cost or other basis						
		and sales expenses 7b						
		Gain or (loss)						
Other Revenue	8a	Gross income from fundraising events (not including \$						
še		of contributions reported on line 1c).	_					
ď		See Part IV, line 18	8a	ı				
를		Less: direct expenses	8b					
δ	С	Net income or (loss) from fundra	ising e	vents				
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b					
		Net income or (loss) from gaming	g activ	ities				
	10a	Gross sales of inventory, less						
		returns and allowances	1 0 a					
		Less: cost of goods sold	10b					
	С	Net income or (loss) from sales of	of inve	ntory				
Miscellaneous Revenue	11a		+	Dusiness Code				
Je Je	b							
scellaneo Revenue	c							
Sce	d	All other revenue						
Σ	е	Total. Add lines 11a-11d	<u> </u>					
	12	Total revenue. See instructions.			699,516.	0.	0.	0.

Part IX Statement of Functional Expenses

SOP 98-2 (ASC 958-720).....

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. (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21..... Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 6,875 6,875 Compensation of current officers, directors, trustees, and key employees 30,400. 25,840 1,520 3,040. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)....... 0 0 0 0. 376,933 309,840 62,337 4,756. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 24,109. 5,096 616. 29,821 11 Fees for services (nonemployees): c Accounting..... **d** Lobbying..... e Professional fundraising services. See Part IV, line 17... Other. (If line 11g amount exceeds 10% of line 25, column 8,202 8,996 18,521 1,323. (A), amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion..... 482. 482. 36,888. 23,794. 7,795 5,299 Information technology..... 5,742. 6,248. 14 13,127. 1,137. 15 Royalties..... 17 115,166 113,939 385 842. Payments of travel or entertainment expenses for any federal, state, or local public officials..... Conferences, conventions, and meetings.... 19 378 378 21 Payments to affiliates..... 22 Depreciation, depletion, and amortization. . . . 23 24. 4,622. 2,098. 2,500 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).... OUTSIDE SERVICES 44,319 43,850 469. EDUCATION AND TRAINING 37,901 37,901 С STAFF DEVELOPMENT 28,975 28,975 d e All other expenses..... 25 Total functional expenses. Add lines 1 through 24e. . . 744,408. 632,025 94,877 17,506 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following Check here

		Check if Schedule O contains a response or note to	any line in this Part X	<u></u>	<u></u>	
				(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		237,658.	1	205,483.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		18.	4	
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, contributor, or 35%		5	
	_				,	
	6	Loans and other receivables from other disqualified persection 4958(f)(1)), and persons described in section 4			6	
	7	Notes and loans receivable, net			7	
ts	8	Inventories for sale or use			8	
Assets	9	Prepaid expenses and deferred charges			9	
Ä	1 0 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		1 0 c	
	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.			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	237,676.	16	205,483.	
	17	Accounts payable and accrued expenses	7,763.	17	20,462.	
	18	Grants payable	<u></u>		18	
	19	Deferred revenue	_		19	
	20	Tax-exempt bond liabilities			20	
ie.	21	Escrow or custodial account liability. Complete Part I'	<u>L</u>		21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor, or 35%		22	
_	23	Secured mortgages and notes payable to unrelated th	<u></u>		23	
	24	Unsecured notes and loans payable to unrelated third	·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to related third parties, plete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25		7,763.	26	20,462.
ıces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
<u>a</u>	27	Net assets without donor restrictions		229,913.	27	185,021.
B	28	Net assets with donor restrictions		•	28	•
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	ck here			
ō	29	Capital stock or trust principal, or current funds			29	
ध	30	Paid-in or capital surplus, or land, building, or equipm	<u></u>		30	
SS	31	Retained earnings, endowment, accumulated income,	L		31	
t A	32	Total net assets or fund balances	L	229,913.	32	185,021.
₽ S	33	Total liabilities and net assets/fund balances		237,676.	33	205,483.
RΔ			TEEA0111L 09/01/22	_0,,0,0,		Form 990 (2022)

Pai	rt XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6	99,	516.
2	Total expenses (must equal Part IX, column (A), line 25).	2	7	44,4	408.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	44,8	392.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	29,9	913.
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 on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1	85 í	021.
Pai	rt XII Financial Statements and Reporting			00,	<i>721.</i>
	Check if Schedule O contains a response or note to any line in this Part XII				
	Check if Scriedule O contains a response of note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed on a			
	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis				
				37	
b	• Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both:	ate			
	X Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit				
	review, or compilation of its financial statements and selection of an independent accountant?	, 	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3a	on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform			
30	Guidance, 2 C.F.R Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 09/01/22		Form	990	(2022)

SCHEDULE A (Form 990)

Total

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number TTEE GLOBAL 46-5744441 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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 10 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). 11 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 on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E)

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 nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business 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.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)				
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	olic Support P	ercentage				_
	Public support percentage for 20	•			•		%
15	Public support percentage from 2	2021 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2022. If the and stop here. The organization						
b	33-1/3% support test—2021. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	s test, check this b	pox and stop here	e. Explain in Part V	/I how
b	10%-facts-and-circumstances te or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	s test, check this b	box and stop here	e. Explain in Part V	/I how the
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	tructions

BAA Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Page 3

Sec	tion A. Public Support	· ·	'	,			
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	746,983.	947 054	1 023 899	1,092,067.	699,516.	4,509,519.
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	740,303.	J41,0J4.	1,023,033.	1,052,007.	033,310.	0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	746,983.	947,054.	1,023,899.		699,516.	4,509,519.
b	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.				0.	11,566.	11,566.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
		0.	0.	0.	0.	11,566.	11,566.
	Public support. (Subtract line 7c from line 6.)tion B. Total Support						4,497,953.
	• • • • • • • • • • • • • • • • • • • •	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	dar year (or fiscal year beginning in) Amounts from line 6	746,983.	947,054.	1,023,899.		699,516.	4,509,519.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	740, 963.	947,034.	1,023,699.	1,092,007.	099,310.	4,309,319.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
-	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	746,983.			1,092,067.	699,516.	4,509,519.
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a s	section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20	•	• •	• •	•		99.74 %
	Public support percentage from 2					16	100.00 %
	tion D. Computation of Inv					1 4= 1	0 00 0.
17	Investment income percentage for	•	• • •	-	***	—	0.00 %
18 10a	Investment income percentage for 33-1/3% support tests—2022. If the support tests—2022 is the su						0.00 %
	is not more than 33-1/3%, check 33-1/3% support tests—2021. If t line 18 is not more than 33-1/3%	this box and stor the organization di	here. The orgar d not check a bo	nization qualifies a ox on line 14 or lir	as a publicly suppone 19a, and line 16	orted organization 5 is more than 33-	1/3%, and
20	Private foundation. If the organization		-				

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4 a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	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? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on 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 .	9с		
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)? If "Yes," answer line 10b below.	10a		
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.)	1 0 b		

	3	Parent of	Supported	Organizations.	Answer	lines 3a	a and 3	b belov
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but for the organization's involvement.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI.**

Did the organization exercise a	a substantial degree of	of direction over th	ne policies, programs,	and activities of each of its
supported organizations? If	"Yes." describe in F	Part VI the role p	laved by the organiz	ation in this regard.

За

3h

Pa	t = 1 Type III Non-Functionally integrated 509(a)(3) Supporting Orga	nızaı	lions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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 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		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
ŀ	Average monthly cash balances	1b		
(Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (conti	inued)		
Sec	Section D — Distributions			
1	Amounts paid to supported organizations to accomplish exempt purposes	1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.	6		
7	Total annual distributions. Add lines 1 through 6.	7		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8		
9	Distributable amount for 2022 from Section C, line 6	9		
10	Line 8 amount divided by line 9 amount	10		

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
i Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

BAA Schedule A (Form 990) 2022

Part VI

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 D (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection
Employer identification number

ITE	E GLOBAL			46-574	4441		
Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.						
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised fund	ds	(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 do are the organization's property, subject to the				Yes No		
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 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?						
Pai	t II Conservation Easements.						
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held be	by the organization (check all that a	apply).				
	Preservation of land for public use (for exan	nple, recreation or education)	Preservat	ion of a historically imp	ortant land area		
	Protection of natural habitat		Preservat	ion of a certified histori	c structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization	held a qualified conservation contribu	ition in the for	m of a conservation ease	ment on the		
	last day of the tax year.			Hold at the	End of the Tax Year		
	Total number of conservation easements				Life of the Tax Teal		
	Total acreage restricted by conservation ease						
	: Number of conservation easements on a cert						
	Number of conservation easements included	· ·	` '				
,	historic structure listed in the National Regist	ter		2d			
3	Number of conservation easements modified, tratax year	ansferred, released, extinguished, or te	erminated by	the organization during th	e		
4	Number of states where property subject to o	conservation easement is located					
5	Does the organization have a written policy r	egarding the periodic monitoring, ir	nspection, ha	ndling of violations,			
	and enforcement of the conservation easeme			<u>L</u>	Yes No		
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, an	d enforcing co	onservation easements du	iring the year		
7	Amount of expenses incurred in monitoring, insp	pecting, handling of violations, and en	forcing conser	vation easements during	the year		
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requir	rements of se	ection 170(h)(4)(B)(i)	Yes No		
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	ports conservation easements in its to the organization's financial state	s revenue an ements that	d expense statement a describes the organizati	nd balance sheet, and ion's accounting for		
Pai		Dilections of Art, Historical 7 I "Yes" on Form 990, Part IV, line 8.	reasures,	or Other Similar A	ssets.		
1 a	If the organization elected, as permitted undenstorical treasures, or other similar assets heart XIII the text of the footnote to its financi	eld for public exhibition, education,	or research	tatement and balance s in furtherance of public	sheet works of art, service, provide in		
ı	If the organization elected, as permitted undo historical treasures, or other similar assets held following amounts relating to these items:	for public exhibition, education, or res	search in furth	erance of public service,	provide the		
	(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, amounts required to be reported under FASE	3 ASC 958 relating to these items:			lowing		
	Revenue included on Form 990, Part VIII, lin	е 1		Ş			
				Ç.			

Part III Organizations Maintaining Co	ilections of Art, his	torical Treasures, of	r Other Similar As	ssets (COTILIT	iuea)		
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check a	ny of the following that mak	ke significant use of its	collectior	1			
a Public exhibition	d Loan	or exchange program						
b Scholarly research	e Other							
c Preservation for future generations								
4 Provide a description of the organization's collect Part XIII.	ions and explain how they	further the organization's e	exempt purpose in					
5 During the year, did the organization solicit of to be sold to raise funds rather than to be ma	intained as part of the o	rganization's collection?.		Yes		No		
Part IV Escrow and Custodial Arrang reported an amount on Form 990, Part	ements. Complete if th X, line 21.	e organization answered "	Yes" on Form 990, Par	t IV, line	9, or			
1 a Is the organization an agent, trustee, custodia	an or other intermediary	for contributions or other	assets not included					
on Form 990, Part X?				Yes		No		
b If "Yes," explain the arrangement in Part XIII and	complete the following ta	DIE:		A				
- Designing belongs				Amount				
c Beginning balance								
e Distributions during the year								
f Ending balance								
2a Did the organization include an amount on Fo				Yes		No		
b If "Yes," explain the arrangement in Part XIII.					-	- INO		
bili res, explain the arrangement in Fart Alli.	Check here it the expla	nation has been provided	OII Fait Aiii		· · · · L	_		
Part V Endowment Funds. Complete if	the organization answere	d "Yes" on Form 990 Part	IV line 10					
(a) Curren	<u> </u>		(d) Three years back	(e) Fo	our years	hack		
1 a Beginning of year balance	(0)	(c) The Jeans Buch	(u) mee jeure zuen	(6)	Jul Joure			
b Contributions								
• Net in restract a system of a single								
c Net investment earnings, gains, and losses								
d Grants or scholarships								
e Other expenditures for facilities								
and programs								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentage of the curre	•	e 1g, column (a)) held as	S:					
a Board designated or quasi-endowment	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
b Permanent endowment	5							
c Term endowment%								
The percentages on lines 2a, 2b, and 2c should of	equal 100%.							
3 a Are there endowment funds not in the possession	n of the organization that a	are held and administered for	or the	_				
organization by:					Yes	No		
(i) Unrelated organizations				3a(i)				
(ii) Related organizations				3a(ii)				
b If "Yes" on line 3a(ii), are the related organization	•			. 3b				
4 Describe in Part XIII the intended uses of the	_	ent funds.						
Part VI Land, Buildings, and Equipme		W I: 11 0 E 000	N D I V I' 10					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) B	ook va	lue		
1 a Land	(investment)	basis (other)	depreciation					
b Buildings.								
c Leasehold improvements								
d Equipment								
e Other								
Total. Add lines 1a through 1e. (Column (d) must e		column (B), line 10c.)				0.		

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Schedule D (Form 990) 2022

(c) Total. (Column (b) must equal Form 990, Part X, column (B) line 12). Part VIII Investments — Program Related. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Complete if the organization answered "Ves" on Form 990, Part X, line 11c. See Form 990, Part X, line 13. (d) Description of investment (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) M	Part VII	Investments — Other S		n 990 Part IV line	N/A 11h See Form 990 Part X line 12	
(1) Francial derivatives. (2) Clossity held equity interests. (3) Other (4) (5) (6) (7) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(a) Descri					nd-of-year market value
(2) Clasely held equity interests. (3) Cher (4) (5) (7) (7) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10				(1)	(0)	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Book value (e) Method of valuation: Cost or end-of-year market value (f) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book value (g) Method of valuation: Cost or end-of-year market value (g) Book						
(A) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (B) Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (C) Method of valuation: Cost or end-of-year market value (D) Book value (E) Method of valuation: Cost or end-of-year market value (D) Cost of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (D) Book value (E) Method of valuation: Cost or end-of-year market value (D) Cost of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (D) Book value (D) Boo						
(5) (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	-					
(5) (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(B)					
(5) (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(C)					
(5) (5) (7) (8) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(D)					
(G) Description of investments — Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (G) Description of investment (D) Book value (C) Method of valuation: Cost or end-of-year market value (D) Book value	(E)					
(G) Description of investments — Program Related. Complete if the organization answered Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (G) Description of investment (D) Book value (C) Method of valuation: Cost or end-of-year market value (D) Book value	(F)					
(c) Total. (Column (b) must equal Form 990, Part X, column (B) line 12). Part VIII Investments — Program Related. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Complete if the organization answered "Ves" on Form 990, Part X, line 11c. See Form 990, Part X, line 13. (d) Description of investment (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (f) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) Method of valuation: Cost or end-of-year market value (g) M	(G)					
Part Viii	(H)					
Investments — Program Related.	(l)					
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 (c) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		n (b) must equal Form 990, Part X, colu	ımn (B) line 12.)			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Part VIII	Investments - Progra	m Related.		N/A	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		Complete if the organization	answered "Yes" on Forn	n 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 930, Part X, column (B) line 13) (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15). Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (c) (d) Federal income taxes (d) (d) (e) (f) (f) (f) (f) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h		(a) Description of investment	. (b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 930, Part X, column (B) line 13.) N/A Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (c) (3) (4) (4) (5) (6) (7) (8) (9) (10) (10) (10) (10) (10) (11) (10) (11) (10) (11) (10) (11) (10) (11) (10) (10						
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					nancial statements that reports the organization	on's liability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	1,191,266.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	•	
c Recoveries of prior year grants	•	
d Other (Describe in Part XIII.)	•	
e Add lines 2a through 2d.	2 e	491,750.
3 Subtract line 2e from line 1	3	699,516.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b.	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	699,516.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	1,236,158.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments	•	
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2 e	491,750.
3 Subtract line 2e from line 1	3	744,408.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	744,408.
Part XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2022

SCHEDULE F (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

ITEE	GLOBAL

Employer identification number

46-5744441 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes"

on Form 990, Part IV, line 14b.								
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? XYes No							
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.							
3	Activities per Region. (The	following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region		
	East Asia and the							
(1)	Pacific		130	Program Services	Practical Relief	6,774.		
(2)	South Asia		1	Program Services	Practical Relief	101.		
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)	-							
(17)								
За	Subtotal		131			6,875.		
b	Total from continuation sheets to Part I							
c	Totals (add lines 3a and 3b)	0	131			6,875.		

Page 2

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 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
									_

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	•
3	Enter total number of other organizations or entities	>

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Schedule F (Form 990) 2022

46-5744441

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
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(16)							
(17)							
(18) BAA						Schedule F	(Form 990) 2022

		(The first of the	10 0,11111	. 3 .
Pa	rt IV	Foreign Forms		
1	organ	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the nization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign oration (see Instructions for Form 926)	Yes	X No
2	requir of Ce	ne organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be red to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt ertain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. er (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	organ	ne organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the nization may be required to file Form 5471, Information Return of U.S. Persons With Respect to C gn Corporations (see Instructions for Form 5471)		X No
4	electir <i>Retur</i>	the organization a direct or indirect shareholder of a passive foreign investment company or a quant fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information or a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see suctions for Form 8621).	_	X No
5	organ	ne organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the nization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign nerships (see Instructions for Form 8865)		X No
6	If "Ye	ne organization have any operations in or related to any boycotting countries during the tax year? es," the organization may be required to separately file Form 5713, International Boycott Report (suctions for Form 5713; don't file with Form 990)	see <u> </u>	X No

BAA TEEA3505L 08/18/22 Schedule F (Form 990) 2022

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. See instructions.

BAA TEEA3504L 08/18/22 Schedule F (Form 990) 2022

SCHEDULE O (Form 990)

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 Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ITEE GLOBAL

Department of the Treasury Internal Revenue Service

Employer identification number 46-5744441

Form 990, Part III, Line 1 - Organization Mission

ITEE GLOBAL DELIVERS TRANSFERABLE BIBLICAL LEADERSHIP AND DISCIPLESHIP EDUCATION
GLOBALLY. USING A COMBINATION OF ONLINE AND FACE-TO-FACE INSTRUCTION, ITEE GLOBAL IS
TRAINING LEADERS IN INDIA, KENYA, MYANMAR, ZAMBIA, MEXICO, GUATEMALA, CANADA AND THE
USA.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc.

Board Member Daniel Risley is the son in law of President George Law.

Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 will be presented to the Board of Directors at one of their board meetings. Form 990 will be reviewed and approved for filing by the Board of Directors.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Upon request the Board of Directors and officers complete and sign a conflicts of interest statement.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Upon determining compensation for top management officials, a review and approval process is performed by the Board of Directors using comparable compensation data.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Board members complete an annual review of the President. He also receives an annual performance evaluation presented by the Chariman.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

No other documents available to the public.