	12				
	990	Return of Organization Exempt	From In	come Tax	OMB No. 1545-0047
Form	390				2021
		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenu			
	tment of the Treasury	 Do not enter social security numbers on this form Go to www.irs.gov/Form990 for instructions and 			Open to Public Inspection
(Manager and Construction)	al Revenue Service For the 2021 cal	lendar year, or tax year beginning	, and er		inspection
	heck if applicable:	C Name of organization ITEE Global		D Empl	oyer identification number
A	ddress change	Doing business as			
	lame change	Number and street (or P.O. box if mail is not delivered to street address) 1012 Henderson Drive	Room/suite	46-5744 E Telep	441 hone number
lr	nitial return		ZIP code	512-712	-2495
F	inal return/terminated		78641		•
	mended return	Foreign country name Foreign province/state/county	Foreign postal		receipts \$ 1,092,
	pplication pending	F Name and address of principal officer:		H(a) Is this a group re	
	opplication pending	George Law 1012 Henderson Drive, Leander, TX 78641		H(b) Are all subort	
			or 527		inates included? Yes Yes
	Tax-exempt status:		or 527	N	
-		g.org		H(c) Group exemp	tion number ►
к	Form of organization	n: X Corporation Trust Association Other	L Yea	r of formation 20	14 M State of legal domicile:
P	art I Su	mmary			
	1 Briefly c	lescribe the organization's mission or most significant activities	S: JIEE	Global trains a	nd equips teachers who
nce		capable and motivated to train ministry leaders and market pl	and the state of the second second	make	
rna	follower	s of Jesus who train others to also become followers of Jesus.			
Governance		his box ► if the organization discontinued its operations		more than 2	5% of its net assets
ğ	3 Number	r of voting members of the governing body (Part VI, line 1की 🔔			3

olic

	Name cha		m/suite	46-5744441 E Telephone	number	
	Initial retui	m City or town State ZIP	code	512 712 240	5	
5	Final return/	Leander TX 786	641	512-712-249	30	
_	Finanetum	Foreign country name Foreign province/state/county Fore	eign postal			
	Amended	return		G Gross rece	ipts \$	1,092,067
	Application	n pending F Name and address of principal officer:		H(a) Is this a group return for	r subordinat	es? Yes X No
		George Law 1012 Henderson Drive, Leander, TX 78641		H(b) Are all subordinate	s included	? Yes No
1	Tax-exem	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or [527	If "No," attach a lis	t. See inst	ructions
J	Website:	► iteeg.org		H(c) Group exemption n	umber Þ	
κ	Form of c	rganization: X Corporation Trust Association Other ►	L Yea	of formation 2014	M Stat	e of legal domicile:
I	Part I	Summary	_	-		
	1	Briefly describe the organization's mission or most significant activities:	ITEE	Global trains and e	auips te	achers who
Sec		are both capable and motivated to train ministry leaders and market place			-1	
Jan		followers of Jesus who train others to also become followers of Jesus.		7		
/eri	2	Check this box ► if the organization discontinued its operations of a		more than 25%	f its net	Accets
Governance	3	Number of voting members of the governing body (Part VI, line 1a)	nop ou		3	6
øð	4	Number of independent voting members of the governing body (Fart V)	ne 1b)		4	5
les	5	Total number of individuals employed in calendar year 2021 (Part V, the			5	9
ivit	6	Total number of volunteers (estimate if necessary).			6	30
Activities &	7a	Total unrelated business revenue from Part VIII, column (c), the 12	• • • • • •		7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11 .			7b	2
				Prior Year		Current Year
æ	8	Contributions and grants (Part VIII, line 1h)		1,023	3,899	1,092,067
Revenue	9	Program service revenue (Part VIII, line 2g)			0	0
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0	0
R	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .			0	0
	12	Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12		1,023	3,899	1,092,067
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		28	3,766	10,047
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0	0
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-		22*	1,706	299,366
SUS	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
Exnenses	i b					
	b	Total fundraising expenses (Part IX, column (D), line 25)	15,290			
, m	117	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		672	2,098	712,259
	18	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		67: 92:	2,570	1,021,672
	18 19	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67: 92: 10	2,570 1,329	1,021,672 70,395
	18 19	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25 Revenue less expenses. Subtract line 18 from line 12		672 922 10 Beginning of Current	2,570 1,329 Year	1,021,672 70,395 End of Year
	18 19	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25 Revenue less expenses, Subtract line 18 from line 12		672 922 10 Beginning of Current 165	2,570 1,329 Year 5,277	1,021,672 70,395 End of Year 237,676
	18 19	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26)		672 922 10 Beginning of Current 16	2,570 1,329 2 Year 5,277 5,759	1,021,672 70,395 End of Year 237,676 7,763
Net Assets or	17 18 19 20 21 22 22	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		672 922 10 Beginning of Current 16	2,570 1,329 Year 5,277	1,021,672 70,395 End of Year 237,676
Net Assets or	17 18 19 20 21 22 21 22 2art II	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block	· · · · · · · · · · · · · · · · · · ·	672 922 10 Beginning of Current 163 155	2,570 1,329 Year 5,277 5,759 9,518	1,021,672 70,395 End of Year 237,676 7,763
C Net Assets or	18 19 20 20 21 22 21 22 21 22 21 22 21 22 21 22 21 22 21 22 21 22 21 22 20 21 22 20 21 22 20 21 20 21 20 20 21 20 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block ies of perjury, I declare that I have examined this return, including accompanying schedules and)	672 922 10 Beginning of Current 163 155 , and to the best of my ki	2,570 1,329 Year 5,277 5,759 9,518 mowledge	1,021,672 70,395 End of Year 237,676 7,763
n n n n n n n n n n n n n n n n n n n	18 19 20 21 22 21 22 24 21 22 24 24 21 22 24 24 24 24 24 24 24 24 24 24 24 24	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block)	672 922 10 Beginning of Current 163 155 , and to the best of my ki	2,570 1,329 Year 5,277 5,759 9,518 mowledge	1,021,672 70,395 End of Year 237,676 7,763
S Net Assets or	18 19 20 20 21 22 21 22 21 22 21 22 21 22 21 22 21 22 21 22 21 22 21 22 20 21 22 20 21 22 20 21 20 21 20 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25 Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block ies of perjury, I declare that I have examined this return, including accompanying schedules and)	672 922 10 Beginning of Current 162 155 , and to the best of my kit h preparer has any know	2,570 1,329 Year 5,277 5,759 9,518 nowledge ledge.	1,021,672 70,395 End of Year 237,676 7,763

Here	George Law	Jac	President	Date	3/22/0	2022
	Type or print name and title				1	
Paid	Print/Type preparer's name Michael Goloiuch Jr.	Preparer's signature Theche Michael Golojuch Jr. Hol	. 1	^{bate} 3/17/2022	Check if if self-employed	PTIN P01059429
Preparer Use Only	Firm's name Michael Golojuch, Jr. an		l la	1	► 30-004073	
ose only	Firm's address ► 1310 Pembrook Circle, F	Roselle, IL 60172	0	Phone no.	847-839-88	347
May the IRS d	iscuss this return with the preparer shown	n above? See instructions .			e d'actrice	X Yes No

Form 9	90 (2021)	ITEE Global				46	-5744441	Page 2
Par	rt III	Statement of Progra Check if Schedule O			ny line in this D			
1	Priofly d	escribe the organization's r			ny line in unis P			
		bal delivers tranferable Bit		and discipleship edu	cation dobally			
		combination of online and f						
		Kenya, Myanmar, Zambia,						
2		organization undertake any				re not listed on	_	
		Form 990 or 990-EZ?			••••		Yes	X No
		describe these new service						
3		organization cease conduct		-	ow it conducts, a	ny program		
		? describe these changes or		5 6 7 • • • • • •	• • • • • § §		Yes	X No
4		e the organization's program		olishments for each	of its three larges	program service	measured by	
-		es. Section 501(c)(3) and 50						
		expenses, and revenue, if						
					(
4a	(Code:) (Expense	s \$ 921	,561 including gran	ts of \$) (Revenue \$)
	Unto the	e Least of These Program -						
		this program, iTEE_Global						
		s not only receive extended		are given access to	curricult in bo	online		
	and in p	rint for localized training ne	eds.					
	*******	******						

	()							
	41 -					***************************************		********
	1720,550,55							
4b	(Code:) (Expense	es \$	including gran	ts of \$) (Revenue \$)
				· · · · · · · · · · · · · · · · · · ·				
			Y					
		(/	1					
4c	(Code:) (Expense	es \$	including grar	nts of \$) (Revenue \$)

	0	(D. 1			a financial and a second			
4d		orogram services (Describe				200	0)	
40	(Expen		0 including gran	921,561	0) (Reven		0]	
4e	Total pl	rogram service expenses		321,001		and the second se		

Form 9	90 (2021)	ITEE Global	46-574444	11	Pa	age 3
Part	IV	Checklist of Required Schedules				
			-		Yes	No
1		ganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
		e Schedule A	- • • • <u> </u>	1	X	
2		ganization required to complete Schedule B, Schedule of Contributors? See instructions .	36. 4 B.	2	X	
3		organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
		tes for public office? If "Yes," complete Schedule C, Part I.	rarr	3	_	<u>X</u>
4		501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		. 1		v
-		in effect during the tax year? If "Yes," complete Schedule C, Part II.	8 X 10 X 1	4		X
5		rganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				V
•			1	5		Х
6		organization maintain any donor advised funds or any similar funds or accounts for which donors				
		e right to provide advice on the distribution or investment of amounts in such funds or accounts? If				v
7		complete Schedule D, Part I		6		Х
7		ironment, historic land areas, or historic structures? If "Yes," complete Schedule Deart I.		7		х
8		organization maintain collections of works of art, historical treasures, or other similar asses? If "Yes,"	· · · •	-	-	^
0		te Schedule D, Part III.		8		x
9		organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	** * * * <u> </u>	0	-	^
5		an for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or deb	+			1
		tion services? If "Yes," complete Schedule D, Part IV.		9		x
10		organization, directly or through a related organization, hold assets in donceres riced endowments		5		<u> </u>
10		asi endowments? If "Yes," complete Schedule D, Part V.	3 50 8	10		X
11		ganization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	8 38 S			
		, IX, or X, as applicable.				
а		organization report an amount for land, buildings, and equipment a Part X, line 10? If "Yes," complete				
		ile D, Part VI.	x 3 X	11a		X
b	Did the	organization report an amount for investments-other securities in Part X, line 12, that is 5% or more				
		tal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	e e la e	11b		X
С	Did the	organization report an amount for investments-program related in Part X, line 13, that is 5% or more				
	of its to	tal assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	· · ə ə .	11c		X
d	Did the	organization report an amount for other asses in part Aline 15, that is 5% or more of its total assets				
	reporte	d in Part X, line 16? If "Yes," complete Schedules, Part IX	· · •	11d		X
		organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Par	t X	11e		X
f	Did the	organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the orga	anization's liability for uncertain tax positions and a state of the second and the se	5.7.6	11f		X
12a		organization obtain separate, independent audited financial statements for the tax year? If "Yes," comp	olete			
		Jle D, Parts XI and XII		12a	X	<u> </u>
b		e organization included in consolidated, independent audited financial statements for the tax year? If "Y				
		he organization answered "No to ise 12a, then completing Schedule D, Parts XI and XII is optional .		12b		X
13		prganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		13		X
14a		organization maintain an office, employees, or agents outside of the United States?	101 A 142	14a		X
b		organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
		sing, business, in estimat, and program service activities outside the United States, or aggregate		446		
4.5	-	investments valued a \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.		14b	X	+
15		e organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or foreign organization? If "Yes," complete Schedule F, Parts II and IV		15		
16	-	e organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- 00 a 5 j	15	-	X
10		ince to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.		16		X
17		e organization report a total of more than \$15,000 of expenses for professional fundraising services		10	-	\uparrow
17		t IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.		17		X
18		e organization report more than \$15,000 total of fundraising event gross income and contributions on	NC 24 - 36 - 64		-	\uparrow
10		III, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	8 9 8 50	18		X
19		e organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	88 8 S -		1	\uparrow
		" complete Schedule G, Part III.		19		X
20a		e organization operate one or more hospital facilities? If "Yes," complete Schedule H		20a	1	X
		" to line 20a, did the organization attach a copy of its audited financial statements to this return?		20b	1	1
21		e organization report more than \$5,000 of grants or other assistance to any domestic organization or			1	1
		stic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	10 A A A	21		X

	m 990 (2021) ITEE Global	46-574444	41	Pa	ge 4
Par	art IV Checklist of Required Schedules (continued)				
			١	/es	No
22	5				
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and I		2	-	Х
23	5				
	organization's current and former officers, directors, trustees, key employees? <i>If "Yes," complete Schedule J</i> .		2		v
240	a Did the organization have a tax-exempt bond issue with an outstanding		.5	-	X
24 d	\$100,000 as of the last day of the year, that was issued after December				
	24b through 24d and complete Schedule K. If "No," go to line 25a.		4a		х
b	 b Did the organization invest any proceeds of tax-exempt bonds beyond 		4b		
	c Did the organization maintain an escrow account other than a refundin				_
	to defease any tax-exempt bonds?		4c		
d	d Did the organization act as an "on behalf of' issuer for bonds outstand	ng at any time during the year?	4d		
25a	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the o	rganization engage in an excession enfit			
	transaction with a disqualified person during the year? If "Yes," complete	te Schedule L, Part	5a		Х
b	b Is the organization aware that it engaged in an excess benefit transact	ion with a disqualifi ee rson in a			
	prior year, and that the transaction has not been reported on any of the				
	990-EZ? If "Yes," complete Schedule L, Part I .		5b	_	Х
26	5				
	or former officer, director, trustee, key employee, creator or founder, su				v
	controlled entity or family member of any of these persons? If "Yes," co		26	_	X
27	7 Did the organization provide a grant or other assistance to any current employee, creator or founder, substantial contributor or employee ther				
	member, or to a 35% controlled entity (including an employee thereo)				
	persons? If "Yes," complete Schedule L, Part III		27		х
28					
20	Part IV, instructions for applicable filing thresholds, conditions, and exe				
а	a A current or former officer, director, trustee, key employee, creator or f				Procession of the local division of the loca
	"Yes," complete Schedule L, Part IV		8a		Х
b		plete Schedule L, Part IV	8b		Х
С					
	"Yes," complete Schedule L, Part IV		8c		Х
29	9 Did the organization receive more than \$25,000 in non-cash contributi	ons? If "Yes," complete Schedule M	29	X	
30		r other similar assets, or qualified			
	conservation contributions? If "Yes," complete schedule M		30		X
31			31		X
32					V
			32		X
33	3 Did the organization own 100% of an entry disregarded as separate f sections 301.7701-2 and 301.7701.3? If "Yes," complete Schedule R,		33		
34			33	-	X
34			34		x
35a	5a Did the organization have a corrolled entity within the meaning of sec		35a		Ê
	b If "Yes" to line 35a, and the expanization receive any payment from or		l		-
~	entity within the meaning of section 512(b)(13)? If "Yes," complete Sc		35b		
36					
	organization? If "Yes," complete Schedule R, Part V, line 2		36		X
37					
	and that is treated as a partnership for federal income tax purposes?	If "Yes," complete Schedule R, Part VI	37		X
38	8 Did the organization complete Schedule O and provide explanations of	on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O		38	Х	
Pa	Part V Statements Regarding Other IRS Filings and Tax				
_	Check if Schedule O contains a response or note to a	ny line in this Part V			
				Yes	No
1a					
b			1		
С					
	reportable gaming (gambling) winnings to prize winners?		1c	Х	

	90 (2021) ITEE Global 46-57444	441	Pa	age 5
Pari	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		- M	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 9			
b		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a		3a		X
b		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
		4a	-	X
b	If "Yes," enter the name of the foreign country		100	
	See instructions for filing requirements for FinCEN Form 114, Report of F oreigank and F inandatcounts (FBAR).	_		
5a		5a		X
b		5b		X X
C		5c	_	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and tid the organization solicit any contributions that were not tax deductible as charitable contributions that were not tax deduct	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such continuations or	oa	_	<u> </u>
D		6ь		
7	Organizations that may receive deductible contributions under section 170(c).	0.5	-	Colorado de la
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-		7a		X
b		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal paperty for which it was	İ		
		7c	_	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly of directly on a personal benefit contract?	7f		X
g		7g		X
h	······································	7h		X
8	Sponsoring organizations maintaining donor advised funds. One donor advised fund maintained by the			
	sponsoring organization have excess business holdings areny time during the year?	8	-	
9	Sponsoring organizations maintaining donor advised funds		1	
a		9a	_	
b		9b		-
10	Section 501(c)(7) organizations. Enter:	570		
a	Initiation fees and capital contributions included on Part VIII, line 12			1
D 44	Gross receipts, included on Form 990, Part (III, Iin, 12, for public use of club facilities			
11 a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
5	against amounts due or received from them.).			
12a		12a		Br. Freemannin and Andrews
b	If "Yes," enter the amount of tax-s compt interest received or accrued during the year			
13	Section 501(c)(29) qualified monp of it health insurance issuers.	RIT		1990
a		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.		-	
b	Enter the amount of reserves the organization is required to maintain by the states in which		2.	
	the organization is licensed to issue qualified health plans		135	1000
С	Enter the amount of reserves on hand			
14a		14a	_	X
b		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		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		X
-	If "Yes," complete Form 6069.			

Form 99	90 (2021) ITEE Global 46-5744	1441		age 6
Par		"No"	tructi	
Saati			· [<u> </u>
Secu	ion A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year .1a6If 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.1a6		Tes	
b 2	Enter the number of voting members included on line 1a, above, who are independent			
3	any other officer, director, trustee, or key employee?	2	X	_
	supervision of officers, directors, trustees, or key employees to a management company or other parson?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was mod?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		
•	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	V	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in PartVII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule</i> O	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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 Fore 293 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		~	1
Ŭ	describe on Schedule O how this was done.	12c	х	
13	Did the organization have a written whiste slower policy?	13	~	X
14	Did the organization have a written doct ment retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17		
15	independent persons, comparability data and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Exercitive Director, or top management official.	15a	Х	
b	Other officers or key employee of the organization	15b	X	1
2	If "Yes" to line 15a or 15b, tescuse the process on Schedule O. See instructions.	100		
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 organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed IL			
18	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.			
	Own website Another's website X Upon request Other (explain on Schedule O,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Dr. George Law (719) 439-0360	}		
	P.O. Box 1652, Leander, TX 78646		_	

Form 990 (2021)	ITEE Global		_							46-57444	41 Page 7
Part VII C	Compensation of Officers, Direct	ctors, Trustee	es, K	ley E	Em	ploy	ees,	Hi	ghest Comp	ensated	
E	mployees, and Independent C	ontractors									_
C	check if Schedule O contains a re	esponse or not	te to	any	line	e in t	this F	Par	tVII		6-14-14-
Section A. C	Officers, Directors, Trustees, Ko	ey Employees	s, an	d H	igh	est (Com	ре	nsated Emp	loyees	
1a Complete this	s table for all persons required to be li	isted. Report con	mper	satic	on fo	or the	e cale	nda	r year ending v	with or within the	
organization's ta	x year.										
	the organization's current officers, di						als or	org	janizations), re	gardless of amo	unt
	. Enter -0- in columns (D), (E), and (F										
	the organization's current key employ										
	ganization's five current highest com portable compensation (box 5 of Forr										yee)
	he organization and any related organ			00,	una						
List all of the second se	the organization's former officers, ke	y employees, ar	nd hiq	hest	cor	npen	sated	len	nploy ees when	eceived more that	an
	ortable compensation from the organi										
List all of the second se	the organization's former directors of	or trustees that	recei	ved,	in th	ne ca	pacity	y as	a former dire	tor or trustee of	the
organization, mo	ore than \$10,000 of reportable compe	ensation from the	e orga	aniza	tion	and	any r	ela	roan ratio	ns.	
See the instructi	ons for the order in which to list the p	ersons above.									
Check this t	box if neither the organization nor any	/ related organiz	ation	com	per	sate	d any	0	crent of cer, dir	ector, or trustee.	
					(C)					
					Posi						
	(A) Name and title	(B) Average		unles:			th one		(D) Reportable	(E) Reportable	(F) Estimated amount
		hours per week	_		adi	rector/			compensation from the	compensation from related	of other compensation
		(list any	Individual oustee or director	Institut		Kenp	9	Pormer	organization (W-2/	organizations (W-2/	from the
		hours for related	irect	E	×.			ĕ	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
		organizations	P 2	<u>a</u>			E S		1000 (120)	1000-1120)	folated organizations
		below dotted line)	stee	a ste			pens				
				8			compensated				
(1) Dr. Georg	ie I aw	40.00	K			+		+			
President	<u>, </u>	0.00	1		X				51,700		0
(2) Dr. Ted Tr	ravis	2.00	-	11				1		1	
Chairman of the	*****	00									0
(3) Dr. Visvas	sam Nannan	2.00]								
Board Member		0.00	-					_			C
(4) Mr. Danie	el Risley	2.00									
Secretary		0.00			Х			-	_		C
(5) Dr. Matth	ew Waln	2.00			1.0						
Board Member		0.00				-	-	+			0
(6) Steve Me Treasurer	eyer	2.00	- 1		х						c
(7)		0.00	1	+	^		-	+	_		
			-								
(8)	. (7)			1			ľ	1			
(9)											
											1
(10)			_								
	-				_						
(11)			-	Ε.							
(4.2)			-		-			-			
(12)			-								
(13)			1	1			-	-			1
		+	-								
(14)			1	1							1
-Yijl		1	-								
×			-	-	-			-			- 000 (000)

Form 990 (2021)

Form 99	ITEE Global						_		46-574	4441 Pa	age 8
Pa	Section A. Officers, Directors, Tr	ustees, Key Em	ploye	es,			ghest	Compensated En	ployees (contin	ued)	
	(A) Name and title	(B) Average hours	box, office	unles er an	Pos neck ss pe	erson lirecto	than on is both a pr/trustee	n Reportable compensation	(E) Reportable compensation	(F) Estimated am of other	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization related organiza	and
(15)			-						7		
(16)									5		
(17)			-					OT.			
(18)			-					U			
(19)			-				1				
(20)			-					D			
(21)			-								
(22)			-								
(23)			K								
(24)			-		1						
(25)		1									
1b c	Subtotal		5 8 6	e ŝ	3	÷	1. D	51,70		1	0
 2	Total (add lines 1b and 1c). Total number of individuals (including but no reportable compensation from the organization	limited to those I	isted a	abo	ve)	who	receiv	▶ 51,70		+	0
3	Did the organization list any former ence of employee on line 1a? <i>If "Yes," complete } che</i>	rector, trustee, k					-	t compensated		Yes 3	
4	For any individual listed on line 1a, 13 the sum the organization and related organizations gro individual	of reportable co	mper	nsat	ion	and	other	compensation from	n	4	x
5	Did any person lister on line receive or ac for services rendered to the organization? If "									5	x
Sec 1	tion B. Independent Contractors Complete this table for your five highest com	accepted indepe	ndont		atro	atore	, that r	reactived more the	\$100.000 of		_
_	compensation from the organization. Report									i tax year.	
	(A) Name and business a	ddress						(B) Description of s	ervices	(C) Compensation	n
					-	_					0
							_		-		0
											C
2	Total number of independent contractors (inc	luding but not lin	nited t	o th	ose	liste	ed abc	ve) who received			0
	more than \$100,000 of compensation from th							0			

rm 99	0 (202	1) ITEE Global						46-57444	41 Page
	ΎШ	Statement of Reven	ue						
		Check if Schedule O cor	ntains a respo	onse or	note to any line in	this Part VIII	х юз ка ка		2 10 2
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512–514
2	1a	Federated campaigns .			0		A Sparse		(1) - 10 - 10 (1)
n	b	Membership dues .		1b	0		A REAL PROPERTY		12 300.000
Ĕ	c	Fundraising events .			0				and the local
and Other Similar Amounts	d	Related organizations . Government grants (contrib			0		Test to the line		ALCONCY!
E		All other contributions, gifts		Ie	0			A PERSONAL PROPERTY.	a stant of a
Br S	•	similar amounts not include	-	1f	1,092,067				Second .
Ę	g	Noncash contributions inclu			.,,				
g	-	lines 1a-1f.		1g	\$ 498,590				220100
3	h	Total. Add lines 1a-1f				1,092,06		a start and	1 States
					Business Code				
Revenue	2a								
Revenue	b								
ven	c								
å	e	·							
	f	All other program service re							
	g	Total. Add lines 2a-2f			e a centra e . 🕨				
Ì	3	Investment income (includi					1		
		other similar amounts)			.		0		
	4	Income from investment of					0		
	5	Royalties	<u></u>				0		
		A	-	Real	(ii) Parsonal				
	6a	Gross rents .	6a	_					
	b	Less: rental expenses .	6b	0	0				The second second
	c d	Rental income or (loss) Net rental income or (loss)	6c			and the second	0	Constant Press	Contraction of the
- 1	7a	Gross amount from		curities	"Vomer	La Contra De la			
		sales of assets						and the second	Ref. Pla
		other than inventory .	7a	0	0			Carl Carl	Contraction In
2	b	Less: cost or other basis						Section of the	P. P. S. Sand
		and sales expenses	7b		0		22456 2019	1201212	Contraction of the
	С	Gain or (loss)	70	0	0				
	d	Net gain or (loss)		·	<u>,</u>		0		-
	8a	Gross income from fundrai	Ising			100 - 200	RO-LASALS	- northered	1-4-26
		events (not including \$ of contributions reported o	n ne 1c	-		1000			
		See Part IV, line 18		. 8a	0		S TO SELLA		1.778-5
	b	Less: direct expenses		8b	0		and an and a start of the	175555540	A THE ALL
	С	Net income or (loss) from	undraising ev	vents .	ra.vora s ►		0		
		Gross income from game						AND REPORT	L'ARD'S
		See Part IV line 19.	e o o o a e	. 9a	0	the local division of	The East of the		
	b	Less: direct expenses.		. 9b	0	Start Start Startes			Street Print
		Net income or (loss) from		ties .	<u></u>		0		
	10a	Gross sales of inventory, le							
	L	returns and allowances.				-		Carling .	
2	b	Less: cost of goods sold . Net income or (loss) from		-			0		
	U		sales of liver	itory.	Business Code	and strend the		Contraction of Street of	S STREET, STREET, ST
¢	11a						0		
Revenue	b						0		
9V6	c						0		
Revenue	d	All other revenue .		8.00			0		
	e						0		
-	12	Total revenue. See instru				1,092,0	67 (0

.

Part IX		olumno All attactor	applications must	malata adiuma (A)	
Section 50	D1(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note t				
		(A)	(B)	(C)	(D)
	nclude amounts reported on lines 6b, 7b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	nts and other assistance to domestic organizations			Hard Stranger	
	nestic governments. See Part IV, line 21	0			
	ints and other assistance to domestic				
	viduals. See Part IV, line 22	0			
	ints and other assistance to foreign				
	anizations, foreign governments, and foreign	10.017	10.017		
	viduals. See Part IV, lines 15 and 16	10,047	10,047		1000
	nefits paid to or for members .	0			1 - 1 - 2 - 1
	npensation of current officers, directors,	51,700	E4 700	0	
	stees, and key employees . npensation not included above to disqualified	51,700	51,700	0	
				•	
	sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B).	0			
	ier salaries and wages .	225,928	200		4,87
	nsion plan accruals and contributions (include	223,320	22,000		4,07
	tion 401(k) and 403(b) employer contributions).	0			
	her employee benefits .	0			
	yroll taxes .	21,738	21,365		37
	es for services (nonemployees):		21,000		57
	nagement .	2,408	289	729	1,39
	jal.	877		3,877	1,00
	counting.	3,8.7		3,807	
	bbying.	0		-1	
	fessional fundraising services. See Part IV, line 17	0			
	estment management fees .	0			
	er. (If line 11g amount exceeds 10% of line 25, column				
-	amount, list line 11g expenses on Schedule O.).	0		0	
	vertising and promotion	0			
	ice expenses	31,729	21,381	6,121	4,22
14 Info	ormation technology	11,085	7,240	2,160	1,68
	yalties.	0			
	cupancy	0			
	avel	57,625	56,077	1,298	25
18 Pa	yments of travel or entertainment expenses				
for	any federal, state, or local public cials	0			
19 Co	nferences, conventions, and meetings	1,782	1,782		
	erest	0			
	yments to affiliates	0			
	preciation, depletion, and amonipation .	0	0	0	
	surance	4,367	1,797	2,516	
	her expenses. Itemize expenses not covered	and the second second	ELE AND ELESS		
	ove. (List miscellaneous expenses on line 24e. If		- Barristan		
	e 24e amount exceeds 10% of line 25, column		EUR BRIDE		
), amount, list line 24e expenses on Schedule O.)				the second
	utside Services - Teachers	55,083			2,43
	ofessional Services - In-Kind	489,825			
-	aff Development	21,428			
-	lucation, Training	28,330			
	other expenses Grants	913		913	
	tal functional expenses. Add lines 1 through 24e .	1,021,672	921,561	84,821	15,2
	int costs. Complete this line only if the				
	ganization reported in column (B) joint costs				
	m a combined educational campaign and				
	ndraising solicitation. Check here if				
fol	lowing SOP 98-2 (ASC 958-720)				Form 990 (20)

bearing ary cash investments . receivable, net . ., net . 		6 7 8 9 10c 11 12 13 14 15 16 17 18 19 20	(B) End of year 0 18 0 18 0 18 0 18 0 18 0 18 0 18 0 0 0 0
ary cash investments . receivable, net . a, net . eivables from any current or former officer, director, ee, creator or founder, substantial contributor, or 35% amily member of any of these persons . eivables from other disqualified persons (as defined f)(1)), and persons described in section 4958(c)(3)(B) seivable, net . or use nd deferred charges . d equipment: cost or the Part VI of Schedule D depreciation . cly traded securities . securities. See Part IV, line 11 . am-related. See Part IV, line 11 . Part IV, line 11 . Part IV, line 11 . Part IV, line 11 . account liability. Complete Part IV of Schedule D yables to any current or former oncer, director, ree, creator or founder, substantia controutor, or 35% family member of any of these prisons .	0 0 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 3 4 5 5 6 7 8 9 10c 11 12 13 14 15 16 17 18 19 20	0 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
receivable, net . every ables from any current or former officer, director, ee, creator or founder, substantial contributor, or 35% amily member of any of these persons . eivables from other disqualified persons (as defined f)(1)), and persons described in section 4958(c)(3)(B) every able, net . or use nd deferred charges . d equipment: cost or ete Part VI of Schedule D depreciation . cly traded securities . securities. See Part IV, line 11 . am-related. See Part IV, line 11 . Part IV, line 11 . Part IV, line 11 . Part IV, line 11 . Part IV, line 11 . account liability. Complete Part IV of Schedule D yables to any current or former oncer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these prisons .	0 18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 4 5 5 6 7 8 9 9 10c 11 12 13 14 15 16 17 18 19 20	18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
a, net . seivables from any current or former officer, director, seivables from other disqualified persons . seivables from other disqualified persons (as defined f)(1)), and persons described in section 4958(c)(3)(B) seivable, net . or use ind deferred charges . dequipment: cost or ete Part VI of Schedule D depreciation . by traded securities . securities. See Part IV, line 11 . am-related. See Part IV, line 11 . Part IV, line 11 . nes 1 through 15 (must equal line 33) . ind accrued expenses . account liability. Complete Part IV of Schedule D . yables to any current or former officer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these persons .	18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4 5 6 7 8 9 9 10c 11 12 13 14 15 16 17 18 19 20	18 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
eivables from any current or former officer, director, ee, creator or founder, substantial contributor, or 35% amily member of any of these persons . eivables from other disqualified persons (as defined f)(1)), and persons described in section 4958(c)(3)(B) eeivable, net . or use ind deferred charges . dequipment: cost or ete Part VI of Schedule D depreciation . cly traded securities . securities. See Part IV, line 11 . am-related. See Part IV, line 11 . am-related. See Part IV, line 11 . Part IV, line 11 . account liability. Complete Part IV of Schedule D yables to any current or former officer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these pursons .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 6 7 8 9 10c 11 12 13 14 15 16 17 18 19 20	0 0 0 0 0 0 0 0 0 237,676
ee, creator or founder, substantial contributor, or 35% amily member of any of these persons eivables from other disqualified persons (as defined f)(1)), and persons described in section 4958(c)(3)(B) beivable, net or use ind deferred charges dequipment: cost or ete Part VI of Schedule D depreciation cly traded securities securities. See Part IV, line 11 ram-related. See Part IV, line 11 Part IV, line 11 nd accrued expenses abilities account liability. Complete Part IV of Schedule D yables to any current or former officer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these persons	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 7 8 9 10c 11 12 13 14 15 16 17 18 19 20	0 0 0 0 0 0 237,676
amily member of any of these persons . eivables from other disqualified persons (as defined f)(1)), and persons described in section 4958(c)(3)(B) peivable, net . or use ind deferred charges . dequipment: cost or ete Part VI of Schedule D depreciation . Determine Securities . securities. See Part IV, line 11 . ram-related. See Part IV, line 11 . Part IV, line 11 . nd accrued expenses . account liability. Complete Part IV of Schedule D . yables to any current or former other, director, ree, creator or founder, subscantia contributor, or 35% family member of any of these persons .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 7 8 9 10c 11 12 13 14 15 16 17 18 19 20	0 0 0 0 0 0 237,676
eivables from other disqualified persons (as defined f)(1)), and persons described in section 4958(c)(3)(B) eeivable, net. or use ind deferred charges dequipment: cost or ete Part VI of Schedule D depreciation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 7 8 9 10c 11 12 13 14 15 16 17 18 19 20	0 0 0 0 0 0 237,676
f)(1)), and persons described in section 4958(c)(3)(B) eeivable, net . or use nd deferred charges . d equipment: cost or ete Part VI of Schedule D depreciation . cly traded securities . securities. See Part IV, line 11 . am-related. See Part IV, line 11 . Part IV, line 11 . nes 1 through 15 (must equal line 33) ind accrued expenses . account liability. Complete Part IV of Schedule D yables to any current or former oncer, director, ree, creator or founder, subscantia contributor, or 35% family member of any of these p. rsons .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 8 9 10c 11 12 13 14 15 16 17 18 19 20	0 0 0 0 0 0 237,676
peivable, net . or use ind deferred charges . id equipment: cost or ete Part VI of Schedule D depreciation . cly traded securities . securities. See Part IV, line 11 . am-related. See Part IV, line 11 . Part IV, line 11 . am-related. See Part IV, line 11 . am-related. See Part IV, line 11 . and accrued expenses . account liability. Complete Part IV of Schedule D . yables to any current or former oncer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these p. rsons .	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7 8 9 10c 11 12 13 14 15 16 17 18 19 20	0 0 0 0 0 0 237,676
or use Ind deferred charges dequipment: cost or the Part VI of Schedule D depreciation . Cly traded securities . securities. See Part IV, line 11 . am-related. See Part IV, line 11 . Part IV, line 11 . Part IV, line 11 . Part IV, line 11 . account liability. Complete Part IV of Schedule D yables to any current or former officer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these pursons .	0 0 0 0 0 0 0 0 0 165,277 5,759 0 0 0 0	8 9 10c 1 11 1 12 1 13 1 15 16 17 1 18 19 20 1	0 0 0 0 0 0 237,676
and deferred charges a equipment: cost or ate Part VI of Schedule D depreciation b depreciation cly traded securities securities. See Part IV, line 11 ram-related. See Part IV, line 11 Part IV, line 11 nes 1 through 15 (must equal line 33) ind accrued expenses account liability. Complete Part IV of Schedule D yables to any current or former officer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these p. rsons	0 0 0 0 0 0 0 0 0 165,277 5,759 0 0 0 0	9 10c 11 12 13 14 15 16 17 18 19 20	0 0 0 0 0 237,676
a equipment: cost or 10a 0 ate Part VI of Schedule D 10b 0 depreciation 10b 0 cly traded securities 10b 0 cly traded securities 10a 0 securities. See Part IV, line 11 10 0 am-related. See Part IV, line 11 11 10 Part IV, line 11 11 11 nes 1 through 15 (must equal line 33) 10 10 ind accrued expenses 10 10 10 abilities 10 10 10 10 account liability. Complete Part IV of Schedule D 10 10 10 yables to any current or former officer, director, ree, creator or founder, subscantial contributor, or 35% 10 10 family member of any of these p resons 10 10 10 10	0 0 0 0 0 0 0 0 0 165,277 5,759 0 0 0 0	10c 11 12 13 14 15 16 17 18 19 20	0 0 0 0 0 237,676
ate Part VI of Schedule D 10a 0 depreciation 10b 0 cly traded securities 10b 0 cly traded securities 10a 0 securities See Part IV, line 11 0 am-related See Part IV, line 11 0 Part IV, line 11 11 0 nes 1 through 15 (must equal line 33) 0 ind accrued expenses 0 abilities 0 account liability. Complete Part IV of Schedule D 0 yables to any current or former officer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these p, rsons 0	0 0 0 0 0 0 0 165,277 5,759 0 0 0 0	11 12 13 14 15 16 17 18 19 20	0 0 0 0 237,676
depreciation 10b 0 cly traded securities	0 0 0 0 0 0 0 165,277 5,759 0 0 0 0	11 12 13 14 15 16 17 18 19 20	0 0 0 0 237,676
cly traded securities . securities. See Part IV, line 11 . part IV, line 11 . Part IV, line 11 . nes 1 through 15 (must equal line 33) . ind accrued expenses . account liability. Complete Part IV of Schedule D . yables to any current or former oncer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these prisons .	0 0 0 0 0 0 0 0 165,277 5,759 0 0 0 0	11 12 13 14 15 16 17 18 19 20	0 0 0 0 237,676
securities. See Part IV, line 11. am-related. See Part IV, line 11. Part IV, line 11. nes 1 through 15 (must equal line 33) ind accrued expenses. account liability. Complete Part IV of Schedule D. yables to any current or former oncer, director, ree, creator or founder, substantial contributor, or 35% family member of any of these p. rsons.	0 0 0 165,277 5,759 0 0 0	12 13 14 15 16 17 18 19 20	0 0 0 237,676
am-related. See Part IV, line 11 . Part IV, line 11 . nes 1 through 15 (must equal line 33) ind accrued expenses . abilities . account liability. Complete Part IV of Schedule D yables to any current or former officer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these parsons .	0 0 165,277 5,759 0 0 0	13 14 15 16 17 18 19 20	0 0 0 237,676
Part IV, line 11. nes 1 through 15 (must equal line 33) ind accrued expenses . abilities . account liability. Complete Part IV of Schedule D yables to any current or former oncer, director, ree, creator or founder, subscantial contributor, or 35% family member of any of these prisons .	0 0 165,277 5,759 0 0 0	14 15 16 17 18 19 20	0 0 237,676
Part IV, line 11	0 165,277 5,759 0 0 0	15 16 17 18 19 20	0 237,676
nes 1 through 15 (must equal line 33)	165,277 5,759 0 0 0 0	16 17 18 19 20	237,676
abilities . account liability. Complete Part IV of Schedule D yables to any current or former oncer, director, ree, creator or founder, substantial contributor, or 35% family member of any of these parsons .	5,759 0 0 0	17 18 19 20	
abilities . account liability. Complete Part IV of Schedule D yables to any current or former oncer, director, ree, creator or founder, substantia contributor, or 35% family member of any of these parsons.	0 0 0	18 19 20	
abilities . account liability. Complete Part IV of Schedu le D . yables to any current or former officer, director, ee, creator or founder, subscantia contributor, or 35% family member of any of these parsons .	0	19 20	
abilities . account liability. Complete Part IV of Schedule D yables to any current or former oncer, director, ree, creator or founder, subscantia controutor, or 35% family member of any of these parsons.	0	20	
account liability. Complete Part IV of Sche dule D. yables to any current or former cricer, director, ree, creator or founder, substantial contributor, or 35% family member of any of these parsons.			
yables to any current or former oncer, sirector, ree, creator or founder, substantial contributor, or 35% family member of any of these parsons.			
ee, creator or founder, substantia controutor, or 35% family member of any of these presents .		Contraction of the local division of the loc	
family member of any of these parsons			
	0	22	
	0		0
nd loans payable to unrelated third parties .	0	1 1	0
luding federal incomentation payables to related third			
abilities not included on lines 17-24). Complete			
D	0	25	0
d lines 17 through 20	5,759		7,763
	STATE STATES		A STATE OF THE PARTY
	1.0022340003300		
	159.518	27	229,913
	*		
	0	29	
	0	30	
	0	31	
		3 32	229,913
net assets/fund balances	165,277	33	237,676
	at follow FABE ASU 958, check here X as 27, 28, 32, and 33. adonor cardicters nor restrictions at de notificities at principal, or current funds urbus, or land, building, or equipment fund , endowment, accumulated income, or other funds fund balances net assets/fund balances	es 27, 28, 32, and 33. 159,518 nor restrictions 0 at de notifications 0 at principal, or current funds 0 urplus, or land, building, or equipment fund 0 , endowment, accumulated income, or other funds 159,518 fund balances 159,518	es 27, 28, 32, and 33. 159,518 27 nor restrictions 0 28 at de not feriow FASB ASC 958, check here 0 28 es 29 through 33. 0 29 urplus, or land, building, or equipment fund 0 30 , endowment, accumulated income, or other funds 0 31 fund balances 159,518 32

Form 9	990 (2021) ITEE Global	46-5744	441	Page	12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	a a a a			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	092,	067
2		2			672
3		3		70,	3 <mark>9</mark> 5
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		159,	518
5		5			
6		6			
7		7			
8		8			
9		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32	21			
		10		229	913
Part				_	
	Check if Schedule O contains a response or note to any line in this Part XII.		e (e.)	8	
			Y	fes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				100
	If the organization changed its method of accounting from a prior year or checked "Other explain on				
	Schedule O.				25
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 we acompiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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	1			
	separate basis, consolidated basis, or both:			201	
	X Separate basis Consolidated basis Eath consolidated and separate basis	1			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process of selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	5 S. A			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
9 			Form 9	990	(2021)
	. (7)				

SCHEDULE A
(Form 990)

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.

Department of the Treasury		Attach	to Form 990 or Form 9	90-EZ.		O	pen to Public
Internal Revenue Service	► Go to	www.irs.gov/Form	990 for instructions and	d the latest	informati	on.	Inspection
Name of the organization						Employer identification r	
TEE Global						46-574	4441
			ganizations must co	the second se		See instructions.	
The organization is not 1 A church, con			or lines 1 through 12, c churches described in			A)(i).	
2 A school desc	ribed in section 1	70(b)(1)(A)(ii). (Atta	ach Schedule E (Form	990).)			
3 A hospital or a	a cooperative hosp	ital service organization	ation described in sect	ion 170(b)	(1)(A)(iii)		
	earch organization ne, city, and state:	operated in conjur	ction with a hospital de	escribed in	section '	140(b)(h)(A)(iii). Ent	er the
	on operated for the b)(1)(A)(iv). (Comp		e or university owned o	or operated	by a gov	errin anter unit descr	ribed in
6 A federal, sta	e, or local governr	nent or government	tal unit described in se	ction 170			
		ceives a substantia A)(vi). (Complete P	I part of its support from art II.)	m a govern	nmental u	nt or from the gener	al public
8 A community	trust described in	section 170(b)(1)(A	(vi). (Complete Part I	l.)	-		
9 An agricultura	I research organiz	ation described in s	section 170(b)(1)(A)(ix ure (see instructions). I	operates	in conjune ante, city,	ction with a land-gra and state of the coll	nt college lege or
10 X An organizati receipts from support from	activities related to gross investment i	o its exempt function ncome and unrelated	an 33 1/3% of its suppo ns, subject to certain e ed business taxable n See section 509(a)(3) .	come (less	and (2) n section 5	o more than 33 1/3%	6 of its
11 🗌 An organizati	on organized and	operated exclusivel	y to test for public cafe	ty. See se	ction 509	(a)(4).	
of one or mo Check the bo	e publicly support x on lines 12a thro	ed organizations de ough 12d that descr	y for the benefit of, to p scribed in section 509 ibes the type of suppor ervised, or controlled b	(a)(1) or s ting organ	ection 50 ization an	9(a)(2). See section d complete lines 12e	509(a)(3). e, 12f, and 12g.
		b) the power to regulate power to regulate part IV, Sect	lan, appoint or elect a	majority o	f the direc	tors or trustees of th	e supporting
control or	management of th		concolled in connection ization vested in the sa				
c Type III fu	inctionally integra	ted. A supporting o	organization operated i You must complete F	n connecti Part IV, Sec	on with, a ctions A,	nd functionally integr D, and E.	rated with,
that is not	functionally integr	ated. The organizat	ting organization opera ion generally must sati plete Part IV, Sections	sfy a distri	bution rec	uirement and an att	anization(s) entiveness
e Check this	s box if the organiz	ation received a wr	itten determination from Ily integrated supporting	n the IRS	that it is a		e III
f Enter the num	ber of supported	organizations .		· · · ·			· * * .
g Provide the fo (i) Name of supporte	llowing informatio		ed organization(s).	(h) la tha		(a) Amount of annual	
(I) Name of supporte	d organization	(ii) EIN	(described on lines 1–10 above (see instructions))	(iv) Is the out listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
	XI			Neo I	No		
(A)	V			Yes	No		
В)							
C)							
D)							
(E)							

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

0

0

OMB No. 1545-0047

2021

Par		nizations Des					Page 2
	(Complete only if you checke				-		der
Soct	Part III. If the organization fai tion A. Public Support	is to quality un	der the tests lis	sted below, pie	ase complete Pa	aπ III.)	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		(a) 2017	(b) 2010	(0) 2019	(u) 2020	(e) 2021	(I) IOtal
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.") .						0
	Tax revenues levied for the			_			0
-	organization's benefit and either paid						
	to or expended on its behalf .					A	0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
	Total. Add lines 1 through 3	0	0	0	10	0	0
	The portion of total contributions by	Cale and the			0		
	each person (other than a	SPACE N				Contraction of the second	
	governmental unit or publicly	C. S. S. Land				And the second	
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)					and the second	
	Public support. Subtract line 5 from line 4				A	2.7.4	0
_	tion B. Total Support			~			
_	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	0	. 0	0	0	0	(
	Gross income from interest, dividends,						
	payments received on securities loans,			-			
	rents, royalties, and income from						
	similar sources						C
9	Net income from unrelated business						
	activities, whether or not the business is		C •				
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
11	(Explain in Part VI.)			and the second	A CONTRACTOR OF LAND	THE REPORT	(
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						.
Sec	tion C. Computation of Public Su	poort Percent	age				
14	Public support percentage for 2021 (line 6)			(f))		14	0.00%
15	Public support percentage from 2020 Sched					15	0.00%
16a	33 1/3% support test-2021. If the organiz					ck this box	
	and stop here. The organization qualifies a	s a publicly suppor	ted organization .				- x - x - x - 🕨 📄
b	33 1/3% support test-2020. If the organiz	ation did not chec	k a box on line 13	or 16a, and line 15	5 is 33 1/3% or more	e, check this	
	box and stop here. The organization qualifi	es as a publicly su	pported organizati	on			
17a	10%-facts-and-circumstances test-202	1. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line 1	4	
	10% or more, and if the organization meets	the facts-and-circu	imstances test, ch	eck this box and s	top here. Explain in	1	
	Part VI how the organization meets the facts						
	organization					i sa si i i i i	
a	10%-facts-and-circumstances test—202 15 is 10% or more, and if the organization n	-					
	in Part VI how the organization meets the fa						
	organization		-				а е я а та р
18	Private foundation. If the organization did	not check a box or	n line 13, 16a. 16b	, 17a, or 17b. cheo	ck this box and see		_
			, ,	, , ,,			

Schedule A	(Form	990)	2021
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Sched	ule A (Form 990) 2021 ITEE Globa					46-5744441	Page 3
Par	III Support Schedule for Orga	nizations Desc	cribed in Section	on 509(a)(2)			
	(Complete only if you checke	d the box on lin	e 10 of Part I o	r if the organiza	ation failed to q	ualify under Part	П.
	If the organization fails to qua	alify under the to	ests listed below	v, please comp	lete Part II.)		
Sec	tion A. Public Support						
	Idar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	746,983	819,425	947,054	1,023,899	1,092,067	4,629,428
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						0
	organization's tax-exempt purpose						U
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
							0
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf.						0
-							0
5	The value of services or facilities						
	furnished by a governmental unit to the						0
	organization without charge	740.000	040.405	047.054	1.023.899	1 000 007	0
6	Total. Add lines 1 through 5	746,983	819,425	947,054	1,023,899	1,092,067	4,629,428
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			-			0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year .						0
С	Add lines 7a and 7b	0	• 0	0	0	0	0
8	Public support (Subtract line 7c from			-	State Street	and share the	
	line 6.) .			and the second	r fell and		4,629,428
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	746,983	819,425	947,054	1,023,899	1,092,067	4,629,428
10a	Gross income from interest, dividends,	*					
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	C					0
b	Unrelated business taxable income (less	*					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
с	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.).	746,983	819,425	947,054	1,023,899	1,092,067	4,629,428
14	First 5 years. If the Form 990 is for the orga					.,	.,
	organization, check this box and stop here						.
So	ction C. Computation of Public Su			<u>, , , , , , , , , , , , , , , , , , , </u>			
-	Public support percentage for 2021 (line 8, or			5))		15	0.00%
15						16	0.00%
<u>16</u>	Public support percentage from 2020 Sched ction D. Computation of Investmen					10	0.00%
						47	0.00%
17	Investment income percentage for 2021 (lin			,		17	0.00%
18	Investment income percentage from 2020 S						0.0 0%
19a	33 1/3% support tests—2021. If the organ						
h	not more than 33 1/3%, check this box and a 33 1/3% support tasts 2020. If the error						12 14 14 10 P
Q	33 1/3% support tests—2020. If the organ line 18 is not more than 33 1/3%, check this						
20							=
20	Private foundation. If the organization did	not check a box or	ine 14, 19a, or 19	o, check this box a	nd see instructions	5	1 A A A 1 P

Yes No

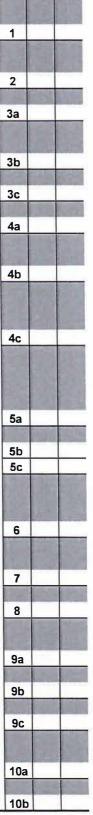
Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If the lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4, (5), (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when another the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization have such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part 4 what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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 desument authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution to result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3).), 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).
- 8 Did the organization make a barrito a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete fart I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined 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.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



Schedule A (Form 990) 2021

	le A (Form 990) 2021 ITEE Global 46-574	441	P	age 🕻
Part	Supporting Organizations (continued)			-
		-	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		L. 0	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		_
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		_	_
		-	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If" Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		-
Sect	ion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1100		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1000		
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	-		
		-	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	-	
2	By reason of the relationship described on line 2, above, did the organization's supported organization(s).	2	-	-
3		1.50		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-	
0	supported organizations played in this regard.	3	-	-
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstructio	ns).	
а	The organization satisfied the activities Test. Complete line 2 below.			
b	The organization is the participation of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	/ (see instru	ctionel	
		lace manu	-	-
2	Activities Test. Answer line 2a and 2b below.		Yes	N

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If* "Yes," *then in Part VI identify those supported organizations and explain* how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- 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**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

art V Type III Non-Functionally Integrated 509(a)(3) Supporting (I Check here if the organization satisfied the Integral Part Test as a qualifyie instructions. All other Type III non-functionally integrated supporting organization	ng trust o	n Nov. 20, 1970 (explain ir	
ection 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	0	
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	4	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	
ection 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	16		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	10	0	
e Discount claimed for blockage or other factors		1.70	
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	
6 Multiply line 5 by 0.035.	6	0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6)	8	0	
Section 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	A STATISTICS OF STATISTICS	

Schedule A (Form 990) 2021

all states	A (Form 990) 2021 ITEE Global	Supporting Owner'		6-5744441 Pag
art V		Supporting Organiz	ations (continued)	
ectio	n D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	ions 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	ne organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	0.
		(1)	41)	(iii)
S	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	Under istributions Pr -2021	Distributable Amount for 202
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See			
	instructions.			17 A. D. T. J. C. C.
3	Excess distributions carryover, if any, to 2021			
а	From 2016 0			
b	From 2017 0			
	From 2018 0			
	From 2019 0			
е	From 2020			
f	Total of lines 3a through 3e	0	SHE STREET	
g	Applied to underdistributions of prior years		0	
	Applied to 2021 distributable amount	A NUMBER OF A NUMB	State State State	
i	Carryover from 2016 not applied (see instructions)			No. of Concession, Name
j	Remainder. Subtract lines 3g, 3h, and 3i from line	0	Later and the second	
4	Distributions for 2021 from			
	Section D, line 7: \$		1 5 . B	T. LES Designed
а	Applied to underdistributions of prior years		0	
b	Applied to 2021 distributable amount			
C	Remainder. Subtract lines 4a and 4b for the	0		
5	Remaining underdistributions for years actor to 2021, if			1-5-1
	any. Subtract lines 3g and 4a from the 2. For result	ALL TRACTORY		A DATE OF THE PARTY
	greater than zero, explain in Part VI. See instructions.		0	1 - I Martin
6	Remaining underdistributions for 202). Subtract lines 3h			
	and 4b from line 1. For respire leater than zero, explain			
	in Part VI. See instruction			
7	Excess distributions conveyer to 2022. Add lines 3j			PERSONAL PROPERTY.
	and 4c.	0	and the state of the	
8	Breakdown of the second s			
а	Excess from 2017.			
b	Excess from 2018		T A RESUSCION	The state of the state
С	Excess from 2019			A REAL PROPERTY I
d	Excess from 2020		C. S. L. L. S. L. L. S.	
е	Excess from 2021		State Parties	

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. 2021 Open to Public

OMB No. 1545-0047

Inspe	cti	0	n

Internal Revenue Service Name of the organization

HTA

Department of the Treasury

Name o	f the organization		Employer identification number
TEE	Global		46-5744441
Part	Organizations Maintaining Donor A Complete if the organization answere		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and dono	or advisors in writing that the assets held in	donor advisat
	funds are the organization's property, subject to	• •	
6	Did the organization inform all grantees, donors		
	only for charitable purposes and not for the ber		y other purpose
	conferring impermissible private benefit?		Yes No
Part	Conservation Easements.		
	Complete if the organization answere		
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (for examp	le, recreation or education)	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organizatio	n held a qualified concervation contribution	in the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easen	nents	2b
С	Number of conservation easements on a certifi		2c
d	Number of conservation easements included in	n (c) acquired after 725/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, t	ransferred, released, extinguished, or term	inated by the organization during
	the tax year 🕨		
4	Number of states where property subject to con		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation		
6	Staff and volunteer hours devoted to monitoring ins	specting, handling of violations, and enforcing o	conservation easements during the year
7			
7	Amount of expenses incurred in monitoring, aspec	ting, handling of violations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported or	line 2(d) above satisfy the requirements of	$f_{\text{soction}} = 170(h)(d)(P)(i)$
U			
9	In Part XIII, describe how the coartization repo		
-	balance sheet, and include, if applicable, the te		
	organization's accounting for conservation eas		
Par	III Organizations Maintaining Collect		Other Similar Assets.
	Complete if the organization answere		
1a	If the organization elected, as permitted under		e statement and balance sheet
	works of art, historical treasures, or other simil		
	public service, provide in Part XIII the text of th	e footnote to its financial statements that d	lescribes these items.
b	If the organization elected, as permitted under	FASB ASC 958, to report in its revenue sta	atement and balance sheet
	works of art, historical treasures, or other simil	ar assets held for public exhibition, educati	on, or research in furtherance of
	public service, provide the following amounts r		
	(i) Revenue included on Form 990, Part VIII, I		
	(ii) Assets included in Form 990, Part X	• • • • • • • • • • • • • • · • · • ·	
2	If the organization received or held works of an		ts for financial gain, provide the
	following amounts required to be reported und		
а	Revenue included on Form 990, Part VIII, line		
	Assets included in Form 990, Part X		
For F	aperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Schedule D (Form 990) 2021

2111111 Organization Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the cognization accession, and other records, check any of the following that make significant use of its collection items (check all that apply): a Durble exhibition d b collection items (check all that apply): a Durble exhibition d d collection items (check all that apply): b d collection items (check all that apply): b d collection items (check all that apply): d d coll that apply: d coll that apply: d d coll that apply: d	Schedu	e D (Form 990) 2021 ITEE Global			46-5744	441	Pa	ane 2
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection reservation for thure generations b b collection reservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization sollicit or receive donations of art, historical treasures, or other similar assets to be sold to raise kinds rather than to be maintained as part of the organization's collection?	Part	III Organizations Maintaining Collec	tions of Art, Histori	cal Treasures, or O	ther Similar Assets	(contin	ued)	
a Cellocitan items (check all that apply): d Loan or exchange program b Scholarly research e Other c Provide a description of thure generations Provide a description of thure generations is cellectons and explain how they further the organization's exempt purpose in Part Xill. 5 During the year, did the organization solid to receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's cellecton? Yes No Part XI line 21. Scholary research Ves No Part W Escrow and Custodial Arrangements. Complete if the organization asset of Yes' on Form 990, Part IV, line 9, or reported an anount on Form 990, Part X, line 21. Ives No b If "Yes", explain the arrangement in Part XIII and complete the following table: Ives No Ives No c Beginning balance. 1d Ives No Ives No d Additions during the year. 1d Ives No Ives No e Beginning balance. 1d Ives No Ives No Ives No e If Yes' explain the arrangement in Part XIII and complete the explandation ascence network on custedial account liability? Yes No e If Yes' explain the arrangement in Part XIII. Check here if the explandation and uncent in the explandation and uncent in the explandatis resplanda explande and programs.								
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b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. S During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. S During the year, did the organization asserted 'Yes' on Form 990, Part IV, line 9, or reported an answurd on Form 990, Part X, line 21. C Septiming balance. 1 d data for a gene, trustee, custodian or other intermediary for contributions or other seets Nr included on Form 590, Part X, line 21. for early on output to the organization angent, trustee, custodian or other intermediary for output to the organization of the organization angent, trustee, custodian or other intermediary for output to the organization or gene 990, Part X, line 21, for early on output to the organization or gene 990, Part X, line 21, for early on output to the organization or angene this Part XIII. Check here if the explanative table been provided on Part XIII. Part W Endowment Funds. 0	a	Public exhibition	d	Loan or exchange pro	gram			
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assets to be sold to raise funds rather than to be maintained as part of the organization? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an ancunt on Form 990, Part X, line 21. Is the organization an agent trustee, custodian or other intermediary for contributions or other elects het included on Form 990, Part X? Ives No 1a Is the organization angement in Part XIII and complete the following table: Ives Amount Ives No c Beginning balance. Id <	-				an ath an aimeilea			
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f Administrative expenses	е	Other expenditures for facilities	~					
g End of year balance 0		and programs				_		_
2 Provide the estimated percentage of the furnal year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Term endowment c Term endowment c The percentages on lines 2a, 2b, and 2d should equal 100%. 3a Are there endowment funds for the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations listed as required on Schedule R? (i) And, Buildings, and Equipment. 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 (other) (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 0 0 0 0 1a 0 0 0 b Buildings. 0 0 0 c 0 0 0 0 c 0 0 0 0	f	Administrative expenses					_	
a Board designated or quasi-endowment % b Permanent endowment % c Term endowment % c Term endowment % c Term endowment % c The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds of the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 basis (c) Accumulated depreciation depreciation 1a Land. 0 <	g					0		0
b Permanent endowment % c Term endowment % c Term endowment % 3a Are there endowment funds for the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii) ate the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 (other) (c) Accumulated depreciation f (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings. c Leasehold improvements. 0 0 0 0 0 0 c Leasehold improvements. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2		ent year end balance (li	ine 1g, column (a)) hele	d as:			
c Term endowment	а							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not othe possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organization 3a(i) 3a(i) </th <th>b</th> <th></th> <th>%</th> <th></th> <th></th> <th></th> <th></th> <th></th>	b		%					
3a Are there endowment funds of the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3c 3b 3c 3b 3c 3b 3c 3b 3c 3b 3c	С							
organization by: Yes No (i) Unrelated organizations 3a(i) 3b <								
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii) are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 (other) (c) Accumulated depreciation 1a Land 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 0	3a		ssion of the organizatio	n that are held and adr	ninistered for the	r.		
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 b Buildings 0 0 0 c Leasehold improvements 0 0 0 d O 0 0 0 d O 0 0 0							Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0				•••••••	(4) (4) (4) (4) (4) (4) (4) (4)		_	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0								
Part VI Land, Buildings, and Equipment. 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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0	D				e fair a nan a' de la de la de	30		
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 (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 0 0 0 b Buildings 0 0 0 0 c Leasehold improvements 0 0 0 0 d Equipment 0 0 0 0 e Other 0 0 0 0	4			nent lunds.			_	_
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land . 0 0 0 b Buildings . 0 0 0 c Leasehold improvements . 0 0 0 d Equipment . 0 0 0 e Other . 0 0 0	Pan			00 Dort IV line 11a		V line	10	
Image: line structure (investment) (other) depreciation 1a Land . 0	-							_
1a Land 0 <th></th> <th>Description of property</th> <th></th> <th></th> <th></th> <th>(d) Bo</th> <th>ook valu</th> <th>е</th>		Description of property				(d) Bo	ook valu	е
b Buildings . 0 <th< th=""><th>10</th><th>Land</th><th></th><th></th><th></th><th></th><th></th><th>0</th></th<>	10	Land						0
c Leasehold improvements 0					0	-		
d Equipment 0						_		
e Other		COV 23 102				_		_
		Oth						

	Investments—Other Securities.		
_	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financia	al derivatives	0	
2) Closely	held equity interests	0	
3) Other			
(A)		<u></u>	
<u>(B)</u>			
(C)			
(D)		<u> </u>	
(E)		+	
(F)			
(G) (H)			
	nn (b) must equal Form 990, Part X, col. (B) line 12.).	0	
Part VIII	Investments—Program Related.		
		"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
(1)			
(1)			
(3)			
(4)			
(5)			
(6)		+	
(7)			•
(8)			
(9)	and the second sec	X	
	nn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
	nn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets.		
Total. (Colur	Other Assets. Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur	Other Assets.	"Yes" on Form 990,	
Total. (Colur Part IX (1)	Other Assets. Complete if the organization answered	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3)	Other Assets. Complete if the organization answered	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) Desc	"Yes" on Form 990,	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Desc (c) D	"Yes" on Form 990, cription	. Part IV, line 11d. See Form 990, Part X, line 15
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Desc (c) D	"Yes" on Form 990, minutes line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1.	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Descript	"Yes" on Form 990, cription	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Feder	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Desc (c) D	"Yes" on Form 990, minutes line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Co Part X (9) Total. (Co Part X (1) Feder (2)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Descript	"Yes" on Form 990, minutes line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Feder (2) (3)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Descript	"Yes" on Form 990, minutes line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Feder (2) (3) (4)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Descript	"Yes" on Form 990, minutes line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (9) Total. (Co Part X (1) Feder (2) (3) (4) (5)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Descript	"Yes" on Form 990, minutes line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 9) Total. (Co Part X (1) Feder (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Descript	"Yes" on Form 990, minutes line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Feder (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Descript	"Yes" on Form 990, minute line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (9) Total. (Co Part X (1) Feder (2) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (3) (4) (5) (6) (7) (7) (8)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Description (c)	"Yes" on Form 990, minute line 15.)	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value
Total. (Colur Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered (a) Desc (a) Desc (b) Description (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answered line 25. (a) Description (b) Description (c) Description (c)	"Yes" on Form 990, inplied	Part IV, line 11d. See Form 990, Part X, line 15 (b) Book value

Schedu	le D (Form 990) 2021 ITEE Global	46-5744441	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re		
	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	1,092,067
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants .		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1.	3	1,092,067
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 4a Other (Describe in Part XIII.) 4b		
b	Other (Describe in Part XIII.) 4b Add lines 4a and 4b.	Ac	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,092,067
Par			1,032,007
I all	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Neturn.	
1	Total expenses and losses per audited financial statements .	1	1,021,672
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		1,021,072
a	Donated services and use of facilities .		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.).	125	
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1.	3	1,021,672
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	100	
а	Investment expenses not included on Form 990, Part VIII, line 7b.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b.	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	1,021,672
	XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, lines 2d and 4b and 2b; Part IV, lines 2d an		rt X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	lation.	
	10		
	V		

				ties Outside the vered "Yes" on Form 990, Pa		OMB No. 1545-0047
	ment of the Treasury I Revenue Service	Go to www.		Attach to Form 990. 0 for instructions and the la	test information.	Open to Public Inspection
Name	of the organization					loyer identification number
	Global					46-5744441
Par	t I General Inform Form 990, Part IV		ities Outside	e the United States. Cor	nplete if the organization answ	vered "Yes" on
1	-	antees' eligibility fo	or the grants of	ds to substantiate the amou assistance, and the selecti	-	X Yes No
2	For grantmakers. Desc outside the United State		organization's	procedures for monitoring the	ne use of its grants, ad other	assistance
3	Activities per Region. (T	The following Part	I, line 3 table c	an be duplicated if additiona	al space 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
(1)	East Asia and the Pacific	0	130	Program Services	COVID-19 Relief Program	7,600
	Sub-Saharan Africa		100	Program Services	Emergency Medical Services	
_(2)	South Asia	0	1	Program Services	COVID-19 Relief Program	950
_(3)		0	1			1,275
(4)				X		
(5)						
			+,	0		
_(6)			-			
_(7)			+			_
(8)			-0			
(9)		~	~			
(10)		ŕ				
(11)		0)			
(12)		0				
10						
(13)						
(14	<u> </u>	-				
(15	Y		-			
(16						
(17)					
	Subtotal	0	13	2		9,825
ł	Total from continuation sheets to Part I.	0				
	Totals (add lines 3a and 3b)	0	13		Stational Dista	9,825

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

Schedule F (Form 990) 2021	ITEE Global
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Part II			sistance to Organiz recipient who receiv					tion answered "Yes" ded.	on Form 990,
	Name of ganization	(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)
(1)									
(2)			1						
(3)			10						
(4)			-C,						
(5)				5					
(6)				Uh,					
(7)									
(8)					· A				
(9)									
(10)						12			
(11)					•	1/2			
(12)						y.			
(13)						(
(14)							_ //		
(15)							1		
(16)		Sec. 3							
exe	empt 501(c)(3) organization by	ganizations listed abov the IRS, or for which the izations or entities	he grantee or counsel	has provided a sec	tion 501(c)(3) equivale	ency letter .	. •	0

Schedule F (Form 990) 2021

Page 2

46-5744441

Schedule F (Form 990) 2021 **ITEE Global**

Part III

46-5744441

Part III	Grants and Other Ass line 16. Part III can be o				mplete if the orga	anization answe	ered "Yes" on Form 99	0, Part IV,
(a) Type o	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)	0	1						
(3)		0						
_(4)		~C×						
(5)								
(6)		C	1.				(
(7)			110					
(8)			<u> </u>	· A				
(9)					r			
(10)					1	1		
(11)					10			
(12)					S	\frown		
<u>(</u> 13)								
(14)							/	
(15)							-	
<u>(</u> 16)						•		
<u>(17)</u>								
(18)								

Schedule F (Form 990) 2021

Page 3

Schedu	le F (Form 990) 2021	ITEE Global		a la contra de la c		46-5744	1441	Page 4
Part	V Foreign Fo	orms						
1	the organization ma	ay be required to file Fo	property to a foreign col orm 926, Return by a U. 6)	S. Transferor of Prope	rty to a Foreign	Yes	X No	
2	be required to sepa Receipt of Certain	arately file Form 3520, / Foreign Gifts, and/or Fe	foreign trust during the Annual Return To Repo orm 3520-A, Annual Info 3520 and 3520-A; don't	rt Transactions With Fo prmation Return of For	preign Trusts and	Yes	X No	
3	the organization m	ay be required to file Fo	nterest in a foreign corpo orm 5471, Information F ctions for Form 5471) .	Return of U.S. Persons		Yes	X No	
4	qualified electing function Information Return	und during the tax year by a Shareholder of a	hareholder of a passive ? If "Yes," the organizat Passive Foreign Invest	ion may be required to ment Company or Qua	file Form 8621,	Yes	X No	
5	the organization m	ay be required to file F	nterest in a foreign partr form 8865, Return of U.S for Form 8865) .	S. Persons With R. spe		Yes	X No	
6	"Yes," the organiza		in or related to any boy to separately file Form 5 Form 990)			Yes	X No	
						Sched	ule F (Form 9	<mark>90)</mark> 2021
			ionic					
							æ	

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

►	Attach to Form 990.	

Open to Public Inspection

Name of the organization	n
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ITEE Global

	Go to www.irs.gov/Fo	rm990 for instructions ar	d the latest information.
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Employer identification number
46-5744441

Part	Types of Property				_	_	_	_
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			unts
1	Art—Works of art				1			
2	Art—Historical treasures .							
3	Art—Fractional interests .							
4	Books and publications		The second s					
5	Clothing and household				•			_
•	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property					-		
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests .			\sim				
12	Securities—Miscellaneous		*.					_
13	Qualified conservation					-	-	
10	contribution—Historic							
	structures							
14	Qualified conservation						_	
14	contribution—Other	1.000	X					
15	Real estate—Residential .					_		
16	Real estate—Commercial		C .					
17	Real estate—Other		•					
18	Collectibles .							
19	Food inventory		N					
20	Drugs and medical supplies .		4 .					
21	Taxidermy							
22	Historical artifacts .							
23	Scientific specimens .							
24	Archeological artifacts .	X						_
25	Other ► (In-Kind Services)			489.825	Comparable	e Wage	Rates	5
26	Other ► (Tangibles)	X			Actual Cost			
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received	by the organ	nization during the tax year	for contributions for				
	which the organization completed	Form 8283	, Part V, Donee Acknowledg	gement	29			
							Yes	No
30a	a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through							Market Ball
	28, that it must hold for at least three years from the date of the initial contribution, and which isn't required							
	to be used for exempt purposes f	or the entire	e holding period?		83.83	30a		X
b	If "Yes," describe the arrangement	nt in Part II.				1000	200	5.0
31	Does the organization have a gift	acceptance	e policy that requires the rev	view of any nonstandard				
	contributions?							Х
32a	Does the organization hire or use	third partie	es or related organizations to	o solicit, process, or sell				
	noncash contributions?				SAT RELIKE SK	32a		Х
b	If "Yes," describe in Part II.						1	
33	If the organization didn't report an	n amount in	column (c) for a type of pro	perty for which column (a) is			350	
	checked, describe in Part II.						R	

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

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questi Form 990 or 990-EZ or to provide any additional information ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.	ons on 1.	OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization		Employer ident 46-5744441	ification number
	ction B, Line 11B: Organization's Process Used to Review Form 990 - Forr	n	
	to the Board of Directors at one of their board meetings. Form 990 will		
be reviewed and appro	oved for filing by the Board of Directors.		
Form_990, Part VI, Se	ction B, Line 12C: Enforcement of Conflict of Interest Policy - Upon		
request the Board of [Directors and officers complete and sign a conflicts of interest		
statement.			
Form 990, Part VI, Se	ction B, Line 15A: Compensation Process for Top Officials - Upon		
determining compensi	ation for top management officials, a review and approval process is		·
performed by the Boa	rd of Directors using comparable compensation data.		
Form_990, Part VI, Se	ction B, Line 15B Compensation Process for Officers, Board members		
complete an annual re	eview of the President. He also receives a ann al performance evaluation	1	
presented by the Cha	irman.		
Form 990, Part VI, Se	ection A, Line 2: Board Member Dan R vley is the son-in-law of President		
George Law.			
	U.		
	G		
	. 01		
	X		
