## Form **990**

**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2022 calen	dar year, or tax y	ear begin	ning 7,	/01	, 202	22, and er	nding	6/3	30	,	, <b>20</b> 2023	
В	Check if	applicable:	С								D Employ	er ident	ification number	
	Ado	dress change	INTERNATIO	NAT. T.E.	ADERSHI	IP OF TEX	NT PAY	~			27-	4549	127	
		-	2021 LAKES				M10, 110			ŀ	E Telepho			
		me change	RICHARDSON											
	Initi	ial return	I CIMIL DOON	1, 121 /	J002						(97	2) 4	79-9078	
	Final	I return/terminated												
	Am	ended return									<b>G</b> Gross r	eceipts	\$ 278,612	,703.
	App	olication pending	F Name and addre	ss of principal	officer: Fr	MARD CON	ICFR		H(a	a) Is this a	group retur			3.7
			SAME AS C	ABOVE	111	WIND COL	ЮШК		H(I	b) Are all	subordinates attach a list	sinclude	d? Yes	No
$\overline{\mathbf{I}}$	Tay-e	xempt status:	X 501(c)(3)	501(c) (	)	(insert no.)	4947(a)(1)	or 527	7	If "No,"	attach a list	. See ins	structions.	
<u>'</u>					,	(IIISCIT IIO.)	4347 (a)(1)	01 327						
			W.ILTEXAS.								exemption n		m.	
K		of organization:	X Corporation	Trust	Association	Other		L Year of fo	rmation:	2011	_ INI S	State of I	egal domicile: T	ζ
Pa	rt I	Summar												
			be the organizati											RE
a)			FOR EXCEP											
2		<b>EMPHASIZ</b>	ING SERVAN	T LEADE	ERSHIP,	<u>MASTERI</u>	NG THE	ENGLIS	SH,	<u>SPANI</u>	SH, Al	ND CI	<u> HINESE</u>	
Ĕ		LANGUAGE	S, AND STR	ENGTHEN	NING TH	E MIND,	BODY, A	AND CHA	ARAC'	TER.				
8		Check this bo				nued its opera						net as	sets.	
Ğ	1 8	Number of vo	oting members of	f the gover	ning body	(Part VI, line	e 1a)					3		7
•ජ ග	4 1	Number of in	dependent voting	g members	of the go	verning body	(Part VI, I	ne 1b)				4		7
<u>ë</u> .			of individuals er									5		3,708
Activities & Governance	6	Total number	of volunteers (e	stimate if	necessary	)						6		4,560
Ac	7a ¯	Total unrelate	ed business reve	nue from F	Part VIII, c	olumn (C), li	ne 12					7a		0.
	<b>d</b>	Net unrelated	d business taxabl	le income i	from Form	990-T, Part	I, line 11					7b		0.
										Pı	rior Year		Current Y	ear
	8 (	Contributions	and grants (Par	t VIII, line	1h)					247	,305,1	129.	268,992	579.
Revenue			rice revenue (Par								832,2		8,487	
Ver			ncome (Part VIII,								49,6			,878.
æ			e (Part VIII, colu						<u>L</u>		10/	, , ,		795.
			e – add lines 8 tl							248	,187,0	119	278,612	
			imilar amounts p								7 = 0 / / 0	, _ ,	270,012	7,700.
			to or for member	-			-		-					
				-					L	100	400 (	200	151 000	700
တ္ဆ	15		er compensation,						-	139	,408,0	189.	151,023	, 123.
Expenses	16a F	Professional <sup>•</sup>	fundraising fees	(Part IX, c	olumn (A)	, line 11e)								
e b	b <sup>-</sup>	Total fundrais	sing expenses (P	Part IX, col	umn (D), I	ine 25)	2.	288,95	3.					
û	17 (	Other expens	ses (Part IX, colu	ımn (A). lir	nes 11a-11	d. 11f-24e)				99	,591,0	151	109,592	838
			es. Add lines 13-						<u> </u>		,999,1		260,616	
			s expenses. Subt									_		
- 0		Revenue less	expenses. Subt	ract line re	o iroiii iirie	: 12					<u>,187,8</u>		17,996	
s or		<del>-</del>	(D   1 ) (   1 )						<u>L</u>		g of Currer		End of Yo	
a et	20		(Part X, line 16).								,715,1		816,903	
Net Assets	21	rotai liabilitie	es (Part X, line 26	0)						644	,069,8	319.	749,261	,639.
ž	22	Net assets or	fund balances.	Subtract lii	ne 21 from	line 20				49	,645,3	353.	67,641	,495.
Pa	rt II	Signatur	e Block											
Unde	er penalti	es of perjury, I de	eclare that I have exam	nined this retu	rn, including a	accompanying sc	hedules and sta	atements, an	nd to the	best of my	y knowledge	and beli	ief, it is true, correc	et, and
com	plete. De	claration of prepa	arer (other than officer)	) is based on a	all informatior	of which prepare	er has any kno	wledge.						
Sig	n	Signature of	officer							Date				
He	re	МТСНАБ	EL WHITE						CF	0				
			t name and title						01 (					
		Print/Type p	preparer's name		Preparer's s	ignature		Date		I	Check	if	PTIN	
_				MOTIO		-					_			
Pa			ELIZABETH AR							1	self-employ	eu	P01965628	
Pro	epare			ROST CAF										
US	e Onl	<b>y</b> Firm's addre	ess <u>200 E FF</u>	RONT ST,	SUITE 20	00					Firm's EIN	75-	2593210	
				ON, TX 76							Phone no.	(817	<u> </u>	
Ma	y the IF	RS discuss th	is return with the	e preparer	shown ab	ove? See ins	tructions						. X Yes	No

) (Revenue \$

including grants of

(Expenses

Total program service expenses

4e

## Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	Х	
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Х
С	: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

# Form 990 (2022) INTERNATIONAL LEADERSHIP OF TEXAS, INC. 27-4549127 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If a "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34	Χ	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.	v	
ВΛΛ	(gambling) winnings to prize winners?	1c	X 000 (	2000

Form 990 (2022) INTERNATIONAL LEADERSHIP OF TEXAS, INC.

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

			res	NO
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 3,708			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	filed for the calendar year ending with or within the year covered by this return. 2a 3,70 stone is reported on line 2a, did the organization file all required federal employment tax returns?  organization have unrelated business gross income of \$1,000 or more during the year?  so titled a form \$90.1 for this year? If "No" to line 3b, provide an explanation on Schedule 0.  ince during the calendar year, did the organization have an interest in, or a signature or other authority over, a li account in a foreign country (such as a bank account, securities account, or other financial account)?  "enter the name of the foreign country ructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (*FBAR).  organization a party to a prohibited tax shelter transaction at any time during the tax year?  "taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?"  "to line \$5 or \$5. did the organization that it was renormally greater than \$100,000, and did the organization ruce or this variety of the property of the organization include with every some education are normally greater than \$100,000, and did the organization include with every some education are normally greater than \$100,000, and did the organization receive deductible as charitable contributions?  "Id the organization receive deductible contributions under section 170(c).  organization receive a payment in excess of \$75 made party as a contribution and partly for goods and sprovided to the payor?  "Id did the organization notify the donor of the value of the goods or services provided?  organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? organization received a contribution of qualified intellectual property, did the organization file Form 8899 ("end").  "Indicate the number of Forms &282 filed during the year.  "Indica			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
		7e		X
		<b>7</b> f		X
•	as required?	7g		
	Form 1098-C?	7h		
8				
0		8		
		9a		
		9b		
		30		
	,			
	· · · · · · · · · · · · · · · · · · ·			
	Section 501(c)(12) organizations. Enter:			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
				37
		14a		X
		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would			
	result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
AΑ	TEEA0105L 09/01/22	Form	990	2022)

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

MICHAEL WHITE 2021 LAKESIDE BOULEVARD RICHARDSON TX 75082 (972)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C)							
	(A) Name and title	(B) Average hours per	than	one both	box, an o ector/	unles fficer truste	,	ion	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W- <u>2</u> /1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	compensation from the organization and related organizations
(1)	EDWARD CONGER	40									
	CEO/SUPER.	5			Χ				303,061.	0.	11,932.
(2)	LAURA CARRASCO-NAVARRETE DEP. SUPER.	$-\frac{40}{0}$					Х		179,500.	0.	8,931.
(3)	THOMAS SEABERRY	40									
	DEPUTY SUPER.	0					Χ		176,500.	0.	8,978.
(4)	AARON THORSON CHIEF OF STAFF	$-\frac{40}{0}$					Х		175,498.	0.	8,847.
(5)	LUCY MARIAPPA	40							17071301	•	0,017.
- `-'-	AREA SUPER.	0					Х		174,500.	0.	3,861.
(6)	JAMES BRIGHTMAN	40							,		,
	CHIEF LEGAL OFF	0					Х		169,500.	0.	8,685.
(7)	JERRY MCCREIGHT	40									
	CHIEF ADMIN OFF	2			Χ				168,500.	0.	8,593.
(8)	JAMES DWORKIN-THRU 12/2022	40									
	CFO	0			Χ				170,000.	0.	3,766.
(9)	TRACY COX SECRETARY	$-\frac{1}{0}$	Х		Х				0.	0.	0.
(10)	DR. LYNN BEACH	1									
-`-'-	MEMBER	0	Χ						0.	0.	0.
(11)	LT. GEN. BRIAN BEAUDREAULT	1									
	VICE PRESIDENT	0	Х		Χ				0.	0.	0.
(12)	PETER A. GUDMUNDSSON	1									
	PRESIDENT	0	Χ		Χ				0.	0.	0.
(13)	BGEN MARCELA MONAHAN	11									
	MEMBER	0	Χ						0.	0.	0.
(14)	ALPHONSE G. DAVIS, COL	1									
	MEMBER	0	Χ						0.	0.	0.

t Til   00000011711 01110013, 211001013, 1110		,		•	_	<del></del>		i inghest com	- Polisaroa = P	,	(contai	- raouj
(A) Name and title	Average hours per week (list any hours for related organiza - tions below dotted line)	box office	unles er an	Pos neck ss pe d a c	sition more erson directo	is both or/trust	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	compe the c	of other ensation f erganizati d related	from ion I
	1	v						0	0			
	40	Λ						0.	0.			0.
CFO	0			X				0.	0.			0.
		-										
		-										
		-										
Subtotal								1 517 050	0		62 5	:02
											63,3	
											() E	0.
Total number of individuals (including but not limited										pensatio		93.
Tion the organization 49											Vaa	N.
Did the organization list any <b>former</b> officer, direct	tor, truste	e, ke	ey en	nplo	oyee	, or h	nigh	nest compensated	employee	2	res	
For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab r than \$1	le co 50,00	mpei 00? /	nsa	tion	and	oth	er compensation	from		V	X
Did any person listed on line 1a receive or accrue	e compen	satio	n fro	om a	any	unrel	ate	d organization or	individual		Λ	X
-	s, compre	ele 3	CHEU	iuie	J 10	n suc	,11 F	0613011		.   3		
Complete this table for your five highest compens	sated indesation for	epen the c	dent alenc	cor lar y	ntrad year	ctors endir	tha ng w	t received more th	nan \$100,000 of ganization's tax yea	r.		
(A) Name and business addr	ess							(B) Description o	of services	Compe	<b>C)</b> ensatio	n
CONSTRUCTION 741 W 2ND STREET NORTH WI	CHITA, I	KS 6	7203	3				CONSTRUCTION		35,5	91,8	54.
OT NORTH ARCHITECTURE PO BOX 45503 BOIS	E, ID 83	3711						ARCHITECTURE				
EXO OPERATIONS, LLC 9801 WASHINGTONIAN	BLVD. G	AITH	ERSE	BUR	G, 1	MD 2	08	FOOD MANAGEME	NT	6,0	03,5	59.
GOVERNMENT LLC 75 REMITTANCE DR STE #1	515 CHI	CAGO	, II	6	067	5		SECURITY				
COOK & ASSOCIATES PO BOX 360517 DALLA	S, TX 7	5336						HVAC		2,7	31,4	79.
Total number of independent contractors (including b $\$100,000$ of compensation from the organization	ut not limi 82	ited to	tho:	se li	istec	l abov	/e) \	who received more	than			
	(A) Name and title  GABRIELA SMITH MEMBER MICHAEL WHITE-FROM 1/2023 CFO  Subtotal Total from continuation sheets to Part VII, Section Including but not limited from the organization list any former officer, direct on line 1a? If "Yes," complete Schedule J for such from the organization list any former officer, direct on line 1a? If "Yes," complete Schedule J for such from the organization list any former officer, direct on line 1a? If "Yes," complete Schedule J for such the organization and related organizations greate such individual.  Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes tion B. Independent Contractors  Complete this table for your five highest compens compensation from the organization. Report compensation from the Organization	(A) Name and title  (B)  Average hours per	(A) Name and title  (A) Name and title  (A) Name and title  (B) Average hours week (list any hours week (list any hours below dotted organization. For any individual listed on line 1a, is the sum of reportable contending the organization and related organizations greater than \$150.00 and line 1a? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable contending and related organizations greater than \$150.00 and individual.  Did any person listed on line 1a receive or accrue compensation for services rendered to the organizations greater than \$150.00 and individual.  Did any person listed on line 1a receive or accrue compensation for services rendered to the organizations greater than \$150.00 and hours greater	(A) Name and title  (Concident to the content of th	(A) Name and title  (B) Average Percent of the control of the cont	(A) Name and title  (B) Average per level of the contraction of the calendar year (lost and an altered more officer and a direct whose per level of the contraction of the calendar year (lost as a lost of the compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  For any individual listed on line 1a receive or accrue compensation from any person listed on line 1a receive or accrue compensation from any or services rendered to the organization? If "Yes," complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any or services rendered to the organization for the organization from the organization from the organization and the such individual.  Did any person listed on line 1a receive or accrue compensation from any or services rendered to the organization for the calendar year (A)  Name and business address  CONSTRUCTION 741 w 2ND STREET NORTH WICHITA, KS 67203  TO NORTH ARCHITECTURE PO BOX 45503 BOISE, ID 83711  EXO OPERATIONS, LLC 9801 wASHINGTONIAN BLVD. GAITHERSBURG, ID GOVERNENT LLC 75 REMITTANCE DR STE \$1515 CHICAGO, IL 6067  Total number of independent contractors (including but not limited to those listed to those listed to those listed to the service of the contractors (including but not limited to those listed to those listed to the service of the contractors (including but not limited to those listed to those listed to the service of the contractors (including but not limited to those listed to the service of the contractors (including but not limited to those listed to the service of the	(A) Name and title  (B) Average hold by the properties of the properties of the properties by the prop	(A) Name and title  (B) Name and title  (C) Average hours greated from the content and a directorifusite than one box, unless person is both an one box, unless person is both and the box, unless person is both and the box, unless person is both and the content and a directorifusite of a directorifusite	Comparison   Com	CADERIELA SMITH	Complete the product of the compensation from the organization and sites of the compensation from the organization and related organization and related organization and related organization and related organization from the organization spreader than \$150,000 of the celebrate present of the celebrated present	A every contribution of the properties of the pr

### Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to any	/ line in this Part V	III		
				<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ທັທ	1a	Federated campaigns 1a					
E E	.u	Membership dues					
6 9	D						
S, G	С	Fundraising events					
点点	d	Related organizations 1d					
s, E	е	Government grants (contributions) 1e	266986924.				
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,005,655.				
<u> 5</u> 0	g	Noncash contributions included in lines 1a-1f	1,995,505.				
Ö	<b>L</b>	<b>Total.</b> Add lines 1a-1f		0.60000570			
	- 11	Total. Add lines 1a-11	Business Code	268992579.			
Ę	_	_					
<u>₹</u>	2a		611710	6,292,450.	6,292,450.		
æ	b	FOOD SERVICE REVENUE	722210	1,494,151.	1,494,151.		
<u>8</u>	С		611710	700,850.	700,850.		
2	d			,			
Š	_						
a	4	All other program service revenue					
Program Service Revenue							
مَّت	g	Total. Add lines 2a-2f		8,487,451.			
	3	Investment income (including dividends, in	nterest, and				
		other similar amounts)		992,878.			992,878.
	4	Income from investment of tax-exempt	bond proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 139,795					
		Less: rental expenses <b>6b</b>	•				
		=03/,30,		100 505	100 705		
	a	Net rental income or (loss)	_	139,795.	139,795.		
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	h	other than inventory Less: cost or other basis					
	_	and sales expenses 7b					
	С	Gain or (loss) <b>7c</b>					
	Ч	Net gain or (loss)					
an		Gross income from fundraising events (not including \$					
ē		of contributions reported on line 1c).					
ē			_				
سلا سلا							
Other Reven		Less: direct expenses 8b					
δ	С	Net income or (loss) from fundraising e	vents				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 9a	·[				
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activ	ities				
		· · · · · · · · · · · · · · · · · · ·	1				
	10a	Gross sales of inventory, less returns and allowances					
		<u> </u>	+				
		Less: cost of goods sold					
	С	Net income or (loss) from sales of inve					
র্			Business Code				
Miscellaneous Revenue	11a						
₹ 2	b						
scellaneo Revenue	С						
ర్ల జి	Ч	All other revenue					
Ξ̈́		<b>Total.</b> Add lines 11a-11d					
				0.0000000000000000000000000000000000000	0.607.515	-	000 000
	12	<b>Total revenue.</b> See instructions		278612703.	8,627,246.	0.	992,878.

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re	esponse or note to any			
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3 1	
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	673,892.	0.	673,892.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	132,578,093.	128,204,690.	3,987,416.	385,987.
-	Pension plan accruals and contributions	132,370,093.	120,204,090.	3, 307, 410.	303, 301.
8	(include section 401(k) and 403(b) employer contributions)	7,881,919.	7,599,601.	262,621.	19,697.
9	Other employee benefits	8,075,696.	7,808,454.	240,150.	27,092.
10	Payroll taxes	1,814,123.	1,743,195.	65,517.	5,411.
11	Fees for services (nonemployees):	1/011/1201	17,10,130.	00/01/	0/1111
а	Management				
	Legal	767,584.		767,584.	
	Accounting	78,450.		78,450.	
	Lobbying	. 0 / 100 .		. 0 / 100 /	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule OSCH. OAdvertising and promotion	33,215,566.	31,022,487.	342,313.	1,850,766.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	7,480,314.	7,466,205.	14,109.	
17	Travel	2,332,208.	2,136,139.	196,069.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	, ,	,	,	
19	Conferences, conventions, and meetings				
20	Interest	29,707,752.	25,852,706.	3,855,046.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,310,700.	20,310,700.		
23	Insurance	2,264,030.	2,254,986.	9,044.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.).				
а	SUPPLIES	9,922,377.	9,422,992.	499,385.	
b	MISCELLANEOUS	2,728,352.	1,540,110.	1,188,242.	
С		785,505.	785,505.	, , , , , , , , , , , , , , , , , , , ,	
d					
•	All other expenses			_	
25	Total functional expenses. Add lines 1 through 24e	260,616,561.	246,147,770.	12,179,838.	2,288,953.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)	·	·		·

		Check if Schedule O contains a response or note to	o any Iir	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing			134,044,115.	1	158,117,610.
	2	Savings and temporary cash investments		L		2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			38,838,758.	4	41,254,949.
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner office I contrib ersons	er, director, outor, or 35%		5	
	6	Loans and other receivables from other disqualified p		-			
		section 4958(f)(1)), and persons described in section				6	
	7	Notes and loans receivable, net				7	
2	8	Inventories for sale or use		-		8	
Assets	9	Prepaid expenses and deferred charges			299,262.	9	875,760.
As	_		1 1		233,202.		015,100.
•	ıua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	600,593,433.			
		Less: accumulated depreciation.		94,150,685.	462,600,150.	10c	506,442,748.
	11	Investments – publicly traded securities			102,000,100.	11	000,112,710.
	12	Investments – other securities. See Part IV, line 11		<del>-</del>		12	
	13	Investments – program-related. See Part IV, line 11.		<del>-</del>		13	
	14	Intangible assets		L		14	
	15	Other assets. See Part IV, line 11		-	57,932,887.	15	110,212,067.
	16	Total assets. Add lines 1 through 15 (must equal line		<del>-</del>	693,715,172.	16	816,903,134.
			-				. ,
	17	Accounts payable and accrued expenses			42,817,564.	17	46,204,929.
	18	Grants payable		L	505.016	18	005.100
	19	Deferred revenue		L	587,816.	19	825,183.
٠,	20	Tax-exempt bond liabilities				20	
ties	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	nicer, ai utor, or ersons	35%		22	
	23	Secured mortgages and notes payable to unrelated the	hird part	ties	596,820,361.	23	697,566,231.
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		<u>L</u>	3,844,078.	25	4,665,296.
	26	<b>Total liabilities.</b> Add lines 17 through 25			644,069,819.	26	749,261,639.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		X			
ala	27	Net assets without donor restrictions		-	4,340,359.	27	15,180,633.
d B	28	Net assets with donor restrictions			45,304,994.	28	52,460,862.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	eck here	· [			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipn				30	
1ss	31	Retained earnings, endowment, accumulated income				31	
t te	32	Total net assets or fund balances		<u> </u>	49,645,353.	32	67,641,495.
_	33	Total liabilities and net assets/fund balances			693,715,172.	33	816,903,134.
DΛ	Λ.		TFF $\Delta$ 011	11 09/01/22			Earm 000 (2022)

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	278,6	12,7	03.
2	Total expenses (must equal Part IX, column (A), line 25)	2	260,6	16,5	61.
3	Revenue less expenses. Subtract line 2 from line 1	3	17,9	96,1	42.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,6	45,3	53.
5	Net unrealized gains (losses) on investments	5	•		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	67,6	41,4	195.
Pai	rt XII Financial Statements and Reporting	•	,		
	Check if Schedule O contains a response or note to any line in this Part XII				. П
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both:  Separate basis  Both consolidated and separate basis	ed on a			
b	Were the organization's financial statements audited by an independent accountant?		2b	X	l
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  Separate basis  X Consolidated basis  Both consolidated and separate basis	ate			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 	2c	Х	
	If the organization changed either its oversight process or 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 Guidance, 2 C.F.R Part 200, Subpart F?		3a	Х	
b	o If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
BAA	TEEA0112L 09/01/22		Form	990 (	(2022)

### SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization Employer identification number INTERNATIONAL LEADERSHIP OF TEXAS, INC. 27-4549127 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.** Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations ..... **g** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C) (D) (E) Total

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

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

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

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_	ians to quanty under the te	osis fisted below,	picase complete i	art ii.)				
Sec	tion A. Public Support							
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	<b>(d)</b> 2021	<b>(e)</b> 2022	2	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is							
_	related to the organization's tax-exempt purpose.							
	Gross receipts from activities that are not an unrelated trade or business under section 513.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.							
С	Add lines 7a and 7b							-1
8	<b>Public support.</b> (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	2	(f) Total
	Amounts from line 6	,,	```		, ,	.,,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is a organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or t	fifth tax year as a	section 501	c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage					
	Public support percentage for 20			ne 13, column (f	))		15	ું ૦,૦
	Public support percentage from 2	•			•		16	%
	tion D. Computation of Inv							
	Investment income percentage for				umn (fl)		17	%
	Investment income percentage for	•		-			18	%
	<b>33-1/3% support tests—2022.</b> If t is not more than 33-1/3%, check	the organization of	did not check the b	oox on line 14, a	nd line 15 is more	than 33-1/3	%, and I	ine 17
b	<b>33-1/3% support tests—2021.</b> If t line 18 is not more than 33-1/3%	he organization d	lid not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more that	an 33-1/3	3%, and
	THIC TO IS HOLIHOLD CHAIL 33 THE						Ol dal III	.auon

### Part IV Supporting Organizations

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

### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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>4</b> a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
0a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Pa	rt IV   Supporting Organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	<b>a</b> 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		
ı	<b>b</b> A family member of a person described on line 11a above?	11b		
(	C 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 <b>Part VI.</b>	11c		
Sec	ction B. Type I Supporting Organizations		<u> </u>	
			Yes	No
1	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 <b>Part VI</b> 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 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<b>'</b>		
Sec	ction D. All Type III Supporting Organizations		Yes	No
1	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	1	163	NO
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		inatri	otion	- )
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	1115111	ictions	5).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> 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.	2a		
	<b>b</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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	<b>a</b> 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? <i>If "Yes" or "No," provide details in <b>Part VI.</b></i>	3a		
	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Sche	edule A (Form 990) 2022 INTERNATIONAL LEADERSHIP OF TEX	ΚAS,	INC. 27-4	1549127	Page 6
Pai					
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain st complete Sections	in Part VI). <b>See</b> A through E.	<b>;</b>
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curre (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curre (option	
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			
Ł	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
c	Total (add lines 1a, 1b, and 1c)	1d			
6	• <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
_ 7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C — Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount Subtract line 5 from line 4 unless subject to emergency	1			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). 7

temporary reduction (see instructions).

Schedule A (Form 990) 2022 BAA

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

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

BAA Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

BAA TEEA0408L 09/09/22 Schedule A (Form 990) 2022

### Schedule B (Form 990)

PUBLIC DISCLOSURE COPY

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

INTERNATIONAL LEADERSHIP OF TEXAS, INC. 27-4549127 Organization type (check one): Filers of: Section: X 501(c)( 3 ) Form 990 or 990-EZ (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year..... Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

INTERNATIONAL LEADERSHIP OF TEXAS, INC.

Employer identification number

27-4549127

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>10,992,561.</u>	Person X Payroll X Noncash X  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$29,376,643.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$299,162.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$47,058.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>		\$1,210,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
	TEC 407001 07/00/00		

Name of organization Employer identification number

INTERNATIONAL LEADERSHIP OF TEXAS, INC.

27-4549127

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
1	FOOD	\$	785,505.	VARIOUS			
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
5	LAND	\$	1,210,000.	9/08/22			
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$_					
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$_					
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$_					
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$_	. – – – – – – –				

Schedule B (Form 990) (2022) Page 4 Name of organization Employer identification number INTERNATIONAL LEADERSHIP OF TEXAS, INC. 27-4549127 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)..... Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I N/A (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(c) Use of gift

(d) Description of how gift is held

(a) No. from

(b) Purpose of gift

### 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.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

INTERNATIONAL LEADERSHIP OF TEXAS, INC. 27-4549127 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?.. Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements..... 2 b c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . 2 c d Number of conservation easements included in (c) acquired after July 25, 2006 and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?.... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1.....

**b** Assets included in Form 990, Part X.....

Part III   Organizations Main	taining Collection	ons of Art, Histo	ricai Treasures, c	or Other Similar As	ssets (contil	nuea)	
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):							
a Public exhibition d Loan or exchange program							
b Scholarly research e Other							
c Preservation for future gener							
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
to be sold to raise funds rather the	5 During the year, did the organization solicit or 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 collection?						
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1 a Is the organization an agent, trus on Form 990, Part X?	1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No						
<b>b</b> If "Yes," explain the arrangement in	n Part XIII and comple	te the following table	<b>:</b> :				
	Amount						
<b>c</b> Beginning balance				1c			
<b>d</b> Additions during the year				1 d			
e Distributions during the year							
<b>f</b> Ending balance							
2 a Did the organization include an a	mount on Form 990	, Part X, line 21, fo	r escrow or custodial	account liability?	Yes	No	
<b>b</b> If "Yes," explain the arrangemen	t in Part XIII. Check	here if the explana	tion has been provide	d on Part XIII	Ξ		
						<u> </u>	
Part V Endowment Funds.	Complete if the orga	nization answered "	Yes" on Form 990, Par	t IV, line 10.			
·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	s back	
1 a Beginning of year balance							
<b>b</b> Contributions							
<b>c</b> Net investment earnings, gains,							
and losses							
<b>d</b> Grants or scholarships					<u> </u>		
e Other expenditures for facilities and programs							
f Administrative expenses					1		
<b>q</b> End of year balance							
2 Provide the estimated percentage	e of the current year	end balance (line	1g, column (a)) held a	ns:	_1		
<b>a</b> Board designated or quasi-endov	-	%	<i>5, ( ),</i>				
<b>b</b> Permanent endowment	%						
<b>c</b> Term endowment	%						
The percentages on lines 2a, 2b, a	nd 2c should equal 10	0%.					
, ,	•						
<b>3a</b> Are there endowment funds not in to organization by:	the possession of the	organization that are	held and administered	for the	Yes	No	
(i) Unrelated organizations					3a(i)	-110	
(ii) Related organizations					3a(ii)	<u> </u>	
<b>b</b> If "Yes" on line 3a(ii), are the rel					. 3b		
4 Describe in Part XIII the intended					. 30	1	
Part VI Land, Buildings, an		ation's endowment	. iuiius.				
Complete if the organizati		n Form 990, Part IV,	, line 11a. See Form 99	0, Part X, line 10.			
Description of property	(a) Cos (ii	st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue	
<b>1 a</b> Land			67,071,539.		67,071	,539.	
<b>b</b> Buildings			513,341,402.	83,198,955.	430,142		
c Leasehold improvements							
<b>d</b> Equipment			20,180,492.	10,951,730.	9,228	,762.	
<b>e</b> Other			-, -,,	-, -		,	
Total. Add lines 1a through 1e. (Colum		rm 990, Part X. col	lumn (B), line 10c.)		506,442	. 748	
BAA	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,		ule D (Form 990		

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Part VII		<ul> <li>Other Securities.</li> </ul>	E 000 B 1 W 1:	N/A	
				e 11b. See Form 990, Part X, line 12.	
		gory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
` '					
. ,	held equity interest	ts			
(3) Other					
$\frac{(A)}{(B)}$					
(B)					
(C)	. – – – – – – –				
(D)					
(E)					
(F)					
$\frac{(G)}{(H)}$ – – – –					
(l)	. – – – – – – – –				
	n (h) must equal Form 90	90, Part X, column (B) line 12.)			
Part VIII		- Program Related.		N/A	
I alt VIII	Complete if the or	rganization answered "Yes" on	Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
		90, Part X, column (B) line 13.)			
Part IX	Other Assets		Form 990 Part IV line	e 11d. See Form 990, Part X, line 15.	
	Complete in the of		scription	7 11d. 000 101111 000, 1 drt A, 11110 10.	(b) Book value
	STRUCTION IN				109,111,954.
	IT OF USE ASS	SET			1,100,113.
(3)					
(4)					
(5) (6)					
(7)					
(8)					
(9)					
(10)					
Total. (Cold	umn (b) must equa	l Form 990, Part X, column (E	B) line 15.)		110,212,067.
Part X	Other Liabiliti	ies.			
	Complete if the or			e 11e or 11f. See Form 990, Part X, line	
1.		(a) Descr	iption of liability		(b) Book value
	al income taxes				0 605 551
	ER LIABILITI				2,605,771.
	TOF USE LIADENT ACTIVITY				1,107,842. 951,683.
(5)	CILVII.	I FUND			931,003.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
					4,665,296.
				inancial statements that reports the organization	
tax positions u	nder FASB ASC 740. Che	ck here if the text of the footnote has	s been provided in Part XIII	S	FF LAKI XIII X

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	<b>).</b>
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	278,612,703.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	278,612,703.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4 с	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	278,612,703.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	ırn
Tartime recommended of Expenses per reduced i maneral otatements that Expenses p	CI 11C10	1111.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	CI ITCTO	1111.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		260,616,561.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.).	1	260,616,561.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.)  e Add lines 2a through 2d.	1	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	1	260,616,561.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	1 2e 3	260,616,561.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	2e	260,616,561.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.	2e	260,616,561.

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

### PART X - FASB ASC 740 FOOTNOTE

ILTEXAS IS ORGANIZED AS A TEXAS NONPROFIT CORPORATION AND HAVE BEEN RECOGNIZED BY
THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE. ILTEXAS IS ANNUALLY REQUIRED TO FILE A
RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION,
ILTEXAS IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS
ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSES. FOR THE YEAR ENDED JUNE 30,

2023, ILTEXAS DID NOT CONDUCT UNRELATED BUSINESS ACTIVITIES THAT WOULD

BAA

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)

### PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

BE SUBJECT TO FEDERAL INCOME TAXES AND HAD NO UNCERTAIN TAX POSITIONS. THEREFORE, NO TAX PROVISION OR LIABILITY HAS BEEN REPORTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

GAAP REQUIRES THE EVALUATION OF TAX POSITIONS TAKEN IN THE COURSE OF PREPARING ILTEXAS' ANNUAL FORM 990 AND RECOGNITION OF A TAX LIABILITY (OR ASSET) IF ILTEXAS HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITION AND HAS CONCLUDED THAT AS OF JUNE 30, 2023, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

### **SCHEDULE E** (Form 990)

### **Schools**

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL LEADERSHIP OF TEXAS, INC.

Employer identification number 27-4549127

Par	tl			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II.	3	X	
4	INTERNATIONAL LEADERSHIP OF TEXAS IS AN OPEN ENROLLMENT CHARTER SCHOOL WHICH IS A PUBLIC SCHOOL OF CHOICE. PUBLIC SCHOOLS IN TEXAS MAY NOT RACIALLY DISCRIMINATE. THE ORGANIZATION'S RACIAL NONDISCRIMINATORY POLICY IS INCLUDED IN ITS BYLAWS, A COPY OF WHICH IS AVAILABLE FOR PUBLIC INSPECTION. Does the organization maintain the following?	3	A	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	Χ	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4 b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with	_		
	student admissions, programs, and scholarships?	4 c	X	
a	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4 a	Χ	
	if you allowered two to any of the above, please explain. If you need more space, use Fart in.			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5 a		Х
b	Admissions policies?	5 b		Х
С	Employment of faculty or administrative staff?	5 c		X
الم	Scholarships or other financial assistance?	5 d		v
u	Scholarships of other financial assistance:	эu		Х
е	Educational policies?	5 e		Х
f	Use of facilities?	5 f		Х
g	Athletic programs?	5 g		X
h	Other extracurricular activities?	5 h		Х
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
_				
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6 b		X
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.  SEE PART II  Page the proprietion partify that it has complied with the applicable requirements of sections 4.01 through 4.05			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial pandiscrimination? If "No " explain on Part II	7	Y	

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

### SCHEDULE E, LINE 6 - EXPLANATION OF AID OR ASSISTANCE FROM GOVERNMENTAL AGENCY

THE ORGANIZATION RECEIVES FEDERAL GRANT FUNDS - TITLE I, II, III, IDEAB AND CHILD NUTRITION.

**BAA** TEEA3402L 06/27/22 **Schedule E (Form 990) 2022** 

### SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**2022** 

Name of the organization

INTERNATIONAL LEADERSHIP OF TEXAS, INC

Employer identification number

27-4549127

Par	t I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/ Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
U	to the initial contract exception described in Regulations section 53 4958-4(a)(3)?	_		
	If "Yes," describe in Part III.	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	33330. 33. 33. 34.	-	ı	1

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/o	r 1099-NEC compensation		(D) Nontaxable	(E) Total of columns(B)(i)-(D)	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	benefits	columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
EDWARD CONGER	(i)	270,000.	30,000.	3,061.	0.	11,932.	314,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES DWORKIN-THRU 12/2022	(i)	170,000.	0.	0.	0.	3,766.	173,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JERRY MCCREIGHT	(i)	167,500.	1,000.	0.	0.	8,593.	177,093.	0.
3 CHIEF ADMIN OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	176,000.	500.	0.	0.	8,978.	185,478.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES BRIGHTMAN	(i)	169,000.	500.	0.	0.	8,685.	178,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	174,998.	500.	0.	0.	8,847.	184,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	<u> 179,000.</u>	500.	0.	<u> </u>	<u>8,931.</u>	<u> 188,431.</u>	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	174,000.	500.	0.	<u> </u>	3,861.	178,361.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)		- – – – – – –		<b> </b>		<u> </u>	
<u>10</u> <u>11</u>	(ii)							
	(i)		- – – – – – –		<b> </b>		<u> </u>	
	(ii)							
	(i)				L		<b> </b>	<b> </b>
	(ii)							
	(i)				<b> </b>		<b>_</b>	
	(ii)							
	(i)				L		<b> </b>	1
	(ii)							
	(i)				L		<b> </b>	1
16	(ii)							

BAA

TEEA4102L 07/25/22

Schedule J (Form 990) 2022

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

TEEA4103L 07/25/22

### SCHEDULE K (Form 990)

### **Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

INTERNATIONAL LEADERSHIP OF TEXAS, INC.

Employer identification number

27-4549127

(a) Issuer name	(b) Issuer EIN	(c) CUSIP # (d) Date issued		(e) Issue pr	(e) Issue price		(f) Description of purpose			) ased	(h) On behalf of issuer		(i) Pooled financing	
									Yes		Yes	No	Yes	
A CLIFTON HIGHER EDUCATION	80-0349380	187145DL8	8/27/2015	104,433	3,623. T	O FINANCE N	NEW SCHOOL	FACILITI		Χ		X		
B CLIFTON HIGHER EDUCATION	80-0349380	187145JF5	9/15/2018	53,580	),000. T	O FINANCE N	NEW SCHOOL			Х		X		
C CLIFTON HIGHER EDUCATION	80-0349380	187145667	12/20/2018	•		O FINANCE N				Χ		Χ		
D CLIFTON HIGHER EDUCATION	80-0349380	187145LR6	6/01/2021	54,458	3,452. To	O PURCHASE	SCHOOL FA	CILITY X		Χ		X		
Part II Proceeds														
					١	E	В		;		D			
1 Amount of bonds retired					60,000	. 5	60,000.	2,000,000.						
2 Amount of bonds legally defeas	ed													
3 Total proceeds of issue					33,623	. 53,5	80,000.	340,49	98,71	1.	54,458,452.			
4 Gross proceeds in reserve funds					82,321	. 5,9	84,068.	37,120,565.			1,571,265			
5 Capitalized interest from proceed					•	,	·	•				•		
6 Proceeds in refunding escrows														
7 Issuance costs from proceeds					22,545	,545. 1,057,912.		4,813,330.		30.	2,458,4		58,45	
8 Credit enhancement from proce					<u>, </u>	,	- ,	, -				, -		
Working capital expenditures from	om proceeds													
10 Capital expenditures from proceeds.					94,575,872.		47,325,744.		299,735,767.		51,289,		39 30	
11 Other spent proceeds					31/3/3/072:		11,020,1111				32,233,		75 7 5 6	
12 Other unspent proceeds														
13 Year of substantial completion.					201	5	2019		20	)19			20	
10 Four of Substantial Completion.				Yes	No	Yes	No	Yes	No		Yes		No	
<b>14</b> Were the bonds issued as part of	a refunding issue of tax-	exempt bonds (or.	if issued	103	110	103		103	110		103			
prior to 2018, a current refundir	ig issue)?				X		X		X				X	
15 Were the bonds issued as part of	a refunding issue of taxa	hle hands (or if is	ssued											
prior to 2018, an advance refun	ding issue)?			.	X		Х		Х				Χ	
6 Has the final allocation of proceeds been made?						Х		Х			X			
17 Does the organization maintain				. X									-	
of proceeds?	auequate books and re	scorus to suppor	t the illial allocation	. X		Х		Х			Х			

### Part III Private Business Use

	Α			В	С			D
	Yes	No	Yes	No	Yes	No	Yes	No
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х		Х		Х
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?.		Х		Х		Х		Х
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		Х		Х		Х		Х
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		Х		Х		Х		Х
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0/0		90		%		
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.		00		0/0		%		
6 Total of lines 4 and 5		%		%		%		
<b>7</b> Does the bond issue meet the private security or payment test?		Х		Х		Х		Х
8 a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х		Х		Х		Х
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		90		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		Х		Х		Х		Х
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		Х
Part IV Arbitrage								
		Α		В		C		D
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty	Yes	No	Yes	No	Yes	No	Yes	No
in Lieu of Arbitrage Rebate?		X		Х		X		X
2 If "No" to line 1, did the following apply?		,		,		1		
a Rebate not due yet?		X		X		X		X
<b>b</b> Exception to rebate?		X		X		X		Х
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		Х		Х		X		X

## Part IV Arbitrage (continued)

	,	A	I	В	(	3		
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4 a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х		Х		Х		X
<b>b</b> Name of provider								
c Term of hedge.								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
<b>b</b> Name of provider								
c Term of GIC.								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of								
section 148?		X						

#### Part V Procedures To Undertake Corrective Action

В С D Α Has the organization established written procedures to ensure that violations of federal tax Yes Yes No Yes No Yes No No requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?..... Χ Χ Χ Χ

Part VI | Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

#### ADDITIONAL INFORMATION

SCHEDULE K, PART I, LINES A, B, C BOND ISSUES:

- (A) ISSUER NAME: CLIFTON HIGHER EDUCATION FINANCE CORPORATION
- (F) DESCRIPTION OF PURPOSE:

SCHEDULE K, PART I, LINE D BOND ISSUES:

- (A) ISSUER NAME: CLIFTON HIGHER EDUCATION FINANCE CORPORATION
- (F) TO PURCHASE SCHOOL FACILITIES

THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE TOTAL PROCEEDS FOR THE 2022 BOND ISSUANCE IS DUE TO A BOND PREMIUM OF \$5,199,700.

### SCHEDULE K (Form 990)

# **Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

INTERNATIONAL LEADERSHIP OF TEXAS, INC. 27-4549127

Pai	rt I Bond Issues															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue p	rice					Defe	(g) (h) O behalf issue  Yes No Yes I		half of   fi		ooled ncing
A B	CLIFTON HIGHER EDUCATION	80-0349380	187145ML8	9/08/2022	108,86	5,000.	. TO FINANCE NEW SCHOOL			NANCE NEW SCHOOL FACILITI			Yes	No X	Yes	No X
С																
Pai	rt II Proceeds															<u> </u>
12.00						A		E	3	С				D	)	
1	Amount of bonds retired															
2	Amount of bonds legally defeas															
	Total proceeds of issue				64,72	20.										
4		Gross proceeds in reserve funds.														
5	Capitalized interest from proceed		•													
	Proceeds in refunding escrows															
7	Issuance costs from proceeds .				1,4	17,42	25.									
8	Credit enhancement from proce	eds														
9	Working capital expenditures from	om proceeds														
10	Capital expenditures from proce	eds			110,0	00,00	0.									
11	Other spent proceeds															
12	Other unspent proceeds															
13	Year of substantial completion.					20	23									
					Yes	No		Yes	No	Yes	No	)	Ye	s	N	0
14	Were the bonds issued as part of prior to 2018, a current refundir	a refunding issue of tax- ng issue)?	exempt bonds (or,	if issued		Х										
	Were the bonds issued as part of prior to 2018, an advance refun		Х													
16	Has the final allocation of proce	as the final allocation of proceeds been made?														
17	Does the organization maintain of proceeds?	adequate books and re	ecords to support	the final allocation	X											

# Part III Private Business Use

		Α Ι		3		C	-	D
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		Х						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		Х						
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		Х						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		Х						
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		Х						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		00		00		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		Х			,		,	
8 a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		Х						
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		Х						
Part IV Arbitrage				I.		l l		
		A		3		C		D
4 H H : (1 I F 0000 T A I I D I I V( I I D I I I I I D I I I I I I D I I I I I I D I I I I I I D I	Yes	No	Yes	No	Yes	No	Yes	No
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		Х						
<b>b</b> Exception to rebate?		Х						
c No rebate due?		Х						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		Х						

# Part IV Arbitrage (continued)

		A		В	C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC.								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		Х						
7 Has the organization established written procedures to monitor the requirements of section 148?		Х						
Part V Procedures To Undertake Corrective Action		•			•	•		•
les the examination established written precedures to ensure that violations of foderal tay		A		В		С		D
as the organization established written procedures to ensure that violations of federal tax equirements are timely identified and corrected through the voluntary closing agreement program		No	Yes	No	Yes	No	Yes	No
f self-remediation isn't available under applicable regulations?	Х							

Fart VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INT	TERNATIONAL LEADERSHIP OF TEXAS,	INC.		27	7-4549127		
Par	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contributio amounts reported on Form 990, Part VIII, line 1g	n Method on noncash cor	<b>(d)</b> of determin ntribution a	ning mounts
1	Art — Works of art						
2	Art — Historical treasures						
3	Art — Fractional interests						
4	Books and publications						
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 . Securities – Miscellaneous						
12							
13	Qualified conservation contribution — Historic structures						
14	Qualified conservation contribution — Other						
15	Real estate – Residential						
16	Real estate — Commercial	X	1	1,210,000	. FMV		
17	Real estate – Other						
18	Collectibles						
19	Food inventory	X	1	785,505	. USDA VAI	JUE	
20	Drugs and medical supplies						
21	Taxidermy.						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts.						
25	Other ()						
26	Other ()						
27 28	Other ()						
	,	i.a. Haa ka					
29	Number of Forms 8283 received by the organization d organization completed Form 8283, Part V, Dones				. 29		
	o.gaa, 20p.oa o 2200, 1 a 1, 20o.	, , , , , , , , , , , , , , , , , , , ,	900			Yes	No
	B : 11	L P		I' 1 II I 00 II		100	
30a	During the year, did the organization receive by contri it must hold for at least 3 years from the date of the	he initial con	tribution, and which is	n't required to be use	ed		
	for exempt purposes for the entire holding period?	?				0 a	X
	of If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance police				ions? 3	1	X
32a	Does the organization hire or use third parties or r contributions?	-	-			2a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is che	ecked,		

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

Schedule M (Form 990) 2022

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

BAA TEEA4602L 07/12/22 Schedule M (Form 990) 2022

#### SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INTERNATIONAL LEADERSHIP OF TEXAS, INC.

Employer identification number

27-4549127

#### **FORM 990 - ADDITIONAL DBAS**

INTERNATIONAL LEADERSHIP OF TEXAS

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE FORM 990 WILL BE PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.

### FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

OFFICERS AND DIRECTORS ARE ASKED TO ATTEST AT LEAST TWICE PER YEAR THAT THEY HAVE NO CONFLICTS OF INTEREST.

### FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

A GUIDESTAR NON-PROFIT COMPENSATION REPORT IS OBTAINED AND USED TO SET SALARIES BASED ON COMPARABLE ORGANIZATIONS IN THE AREA. ALL SALARIES ARE APPROVED BY THE BOARD OF DIRECTORS.

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST. SOME OF THE INFORMATION IS ALSO AVAILABLE ON ITS WEBSITE.

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B)	(C)	(D)
			PROGRAM	MANAGEMENT	FUND-
		TOTAL	SERVICES	& GENERAL	RAISING
PROFESSIONAL SERVICES	TOTAL	33,215,566. \$33,215,566.	31,022,487. \$31,022,487.	342,313. \$ 342,313.	1,850,766. \$ 1,850,766.

### **SCHEDULE R** (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number INTERNATIONAL LEADERSHIP OF TEXAS, INC. 27-4549127

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

(a) Name, address, and EIN (if applicable) of disregarded er	ntity (b) Primary a	ctivity Legal dor or foreig	(c) nicile (state in country)	tate Total income		(e) End-of-year assets		Dire	(f) et contro entity	olling
<u>(1)</u>										
(2)										
<u>(3)</u>										
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt organized	<b>ganizations.</b> Complete anizations during the ta	e if the organization ax year.	n answered	l "Yes	on Form 99	0, Pai	rt IV, line 34,	beca	use it	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt C section	Code	(e) Public charity s (if section 501)	status (c)(3))	Direct contro entity	olling	Sec 512 controlled	(b)(13) d entity?
(1) INTERNTL. LEADERSHIP OF TEXAS - GL									Yes	No
2021 LAKESIDE BOULEVARD RICHARDSON, TX 75082 46-5612548	OPERATION OF PRIVATE SCHOOL	TX	501 (C)	(3)	LINE 2	2	INTERNATI LEADERSHI TEXAS, I	P OF	X	
(2)				(-7		=				
(2)										
(3)										
(4) 										

Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered "Yes" on Form 990, Part IV, line partnership during the tax year.
ı artın	<sup>1</sup> 34, because it had one or more related organizations treated as a	partnership during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		nging ner?	<b>(k)</b> Percentage ownership
		country)		512-514)			Yes	No	1000)	Yes	No	
<u>(1)</u>												
(2)												
<u> </u>												
(3)												

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

(g) Share of end-of- year assets	(h) Percentage ownership	Sec 512 controlle	( <b>i)</b> 2(b)(13) ed entity?
		Yes	No
	Share of end-of- year assets	Share of end-of-year assets  Percentage ownership	Share of end-of-year assets  Percentage ownership  Yes

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			. 1a		Χ
<b>b</b> Gift, grant, or capital contribution to related organization(s)			. 1b		Χ
c Gift, grant, or capital contribution from related organization(s)			. 1c		Х
d Loans or loan guarantees to or for related organization(s)			. 1 d		Х
e Loans or loan guarantees by related organization(s)			. 1 e		Χ
f Dividends from related organization(s)			. 1f		Х
g Sale of assets to related organization(s)			. 1g		Х
h Purchase of assets from related organization(s)			. 1h		Χ
i Exchange of assets with related organization(s)			. 1i		Χ
j Lease of facilities, equipment, or other assets to related organization(s)			. 1j		X
			,		
k Lease of facilities, equipment, or other assets from related organization(s)			. 1 k		Χ
I Performance of services or membership or fundraising solicitations for related organization(s)					X
m Performance of services or membership or fundraising solicitations by related organization(s)					X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					X
Sharing of paid employees with related organization(s)					X
G channy of paid omployood marrolated organization(c)					Λ
p Reimbursement paid to related organization(s) for expenses			. 1p		Χ
q Reimbursement paid by related organization(s) for expenses.					X
The modusement paid by related organization(s) for expenses.			14		
r Other transfer of cash or property to related organization(s)			. 1r		V
s Other transfer of cash or property from related organization(s)				Х	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including cove			15	Λ	
				١	
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction	<b>(c)</b> Amount involved Ma	<b>d)</b> ethod of c	letermi	ning
·	type (a-s)		amount i	involve	d
1) INTERNTL. LEADERSHIP OF TEXAS - GLOBAL	S	700,850.CA	SH VA	LUE	
2)					
3)					
<i>y</i>					
n					
4)					
5)					
6)					
AA TEEA5003L 07/21/22		Schedule	<b>R</b> (Form	1 990) 2	2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under	Are all sec 501( organiz	partners tion (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		(k) Percentage ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(. 3	Yes	No	İ
<u>(1)</u>													
<u>(2)</u>													
(3)													
<u>(4)</u>													
<u>(5)</u>	-												
(6)													
<u>(6)</u>													
<u>(7)</u>													
(8)													
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Part VII Provide additional information for responses to questions on Schedule R. See instructions.