Return of Organization Exempt From Income Tax

OMB No. 1545-0047

23

20

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. Department of the Treasury

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

Open to Public Inspection

Application pending F Name and address of principal officer: Elizabeth Pflester H(a) is this agroup return for subordinates? Yes Not I Tax-exempt status: Stringers Close, Stroud, Gloucestershire GLS 3RB, United Kingdom (Ent Hb) Are all subordinates included? Yes Not J Website: Tilnernational.com H'(a), stratch alls, See instructions. H(b), are all subordinates included? Yes Not F Nom of organization: Corporation True Association Other L Year of formation: 2019 M State of legal domicile: MN PartI Summary I Briefly describe the organization's mission or most significant activities: To support local communities to give them the tools. they need to advocate for affordable insulin and diabetes supplies. Ha 8 4 Number of individuals employed in calendar year 2023 (Part VI, line 1a). 3 4 5 Total number of individuals employed in calendar year 2023 (Part VI, line 2a) 5 5 9 6 Total number of individuals employed in calendar year 2023 (Part VI, line 2a) 5 5 9 7 Total number of individuals employed in calendar year 2023 (Part VI, line 2a) 5 5 9 7 Total nu	Inte	rnal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the latest i	information.		Inspection		
□ Address change Doing business as T1International 84-2544817 □ Name change Number and street (or P.O. box if mails not delivered to street address) Room/suite E Telephone number □ Initial return/heminated City or town, state or province, country, and ZIP or forsign postal code G Gross receipts \$373.984 □ Application pending FName and address of principal officer: Elizabeth Pfiester H(a) is this a group return for subordinates included? Yes No 1 Tax-exempt status: > 5010(3) Soft(c) Niester to L's 3RB, United Kingdom (En H(b) Are all subordinates included?) Yes No 3 Website: International.com HG is stree or group return for subordinate? Yes No 1 Briefly describe the organization's mission or most significant activities: To support local communities to give them the tools: 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a)	Α	For the	e 2023 calend	dar year, or tax year beginning 01/01/2023 and ending	12/31/2	023			
Image Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Initial return PO Box 13344 Image Ima	в	Check if	f applicable:	C Name of organization T1INTERNATIONAL USA		D Employer identification number			
Initial return PO Box 13344 415-310-8027 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 373,984 Amended return Poiltand, OR 97213 G Gross receipts \$ 373,984 Application pending F Name and address of principal officer: Elizabeth Pflester H(a) Net all subordinates included? Yee Net 1 Tax-exempt status: S010(3) S010(1) (insert no.) H(b) Areal subordinates included? Yee Net 2 Website: Thinterinstronal.com H(c) Group exemption numbers H(c) Group exemption numbers K 2 Website: Summary 1 Briefly describe the organization's mission or most significant activities: To support local communities to give them the tools 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 8 3 Number of voting members of the governing body (Part VI, line 1a) 5 9 9 4 Number of volunteers (estimate if necessary) 7a 1a unmere of individuals employed in calendary vear 2023 (Part VI, line 1a) 4 86 5 Total numelated business tr		Address	s change	Doing business as T1International			84-2544817		
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code C G Cross neceipts 3 272,984 Application perium Final mean d address of principal officer: Elizabeth Pflester H(a) Is this a group return for subordinates included? Yes IV No. 1 Tax-exempt status: S01(c)(3) 501(c)) (insert no.) 14947(a)(1) or S27 H(b) Are all sub-condinates included? Yes IV No. 1 Tax-exempt status: Solido(1)) (insert no.) 14947(a)(1) or S27 H(b) Are all sub-condinates included? Yes IV No. 1 Briefly describe the organization: Corporation Truet Association is on orn ost significant activities: To support local communities to give them the tools 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a). 4 8 4 Number of independent voting members of the governing body (Part VI, line 2a) 6 200 7a 0 7a Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 9 9 7a 0 0 7a Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 <td< th=""><th></th><th>Name cl</th><td>hange</td><td>Number and street (or P.O. box if mail is not delivered to street address)</td><td>Room/suite</td><td>E Telep</td><td>hone number</td></td<>		Name cl	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telep	hone number		
Amended return Portland, OR 97213 G Gross receipts \$ 373,984 Application pending F Name and address of principal officer: Elizabeth Pflester High Is this agroup return for subordinates of the North Pflester High Is this agroup return for subordinates of the North Pflester High Is this agroup return for subordinates of the North Pflester High Is this agroup return for subordinates included?] Yees North Pflester 1 Tax-exempt status: 2010(ki) 501(c) (1) (insert no.) 4447(m(1) or 527 H'No," attach a list. See instructions. 3 Webster: It International.com High Group exemption number High Group exemption number Form of organization: Corporation Trust Association Other L Year of formation: 2019 M State of legal domicile: MN Part I Summary 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. Number of notin pendents of the governing body (Part VI, line 1a) 3 8 3 Number of volunteers (estimate if necessary)		Initial ret	turn	PO Box 13344			415-310-8027		
Application pending F Name and address of principal officer: Elizabeth Pflester H(a) is this agroup etum for subordinates? Yes No I Tax-exempt status: Stringers Close, Stroud, Gloucestershire GLS 3RB, United Kingdom (En Hb) Are all subordinates includer?) No I Website: Itternational.com H(a) is this agroup etum for subordinates includer? No I Website: Itternational.com Itternational.com H(c) Group exemption number Rem of organizatio: Corpanizatio: Itternational.com L Year of formation: 2019 M State of legal domicilie: MN Part II State of alls.School Momber of undividuals endopsed of more than 25% of its net assets. Its principal officer: MN 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of indipendent voting members of the governing body (Part VI, line 1a). 4 8 4 Number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 9 6 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 5 9 6 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5		Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code					
12 Stringers Close, Stroud, Gloucestershire GL5 3RB, United Kingdom (En/Hjb) Are all subordinates included? \[Yee \] No Ves [No Ves [No Website: [] G01(c)(3) [] 0(next no.] [] 4947(a(1) or [] 527 Ves [] No Website: [] Corporation [] Trust [] Association [] Other L Year of formation: 2019 [] M State of legal domicile: [] MN Summary 1 Briefly describe the organization's mission or most significant activities: To support local communities to give them the tools. they need to advocate for affordable insulin and diabetes supplies. 1 Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 A Number of voting members of the governing body (Part VI, line 1a)		Amende	ed return	Portland, OR 97213		G Gross	receipts \$ 373,984		
Tax-exempt status: \$ 501(c)(3) \$ 500(c)(1) \$ 500(c)(1		Applicat	tion pending	F Name and address of principal officer: Elizabeth Pfiester	H(a) Is this a gro	up return f	or subordinates? 🗌 Yes 🗹 No		
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Part I Summary	J	Website	: t1interna	tional.com	H(c) Group ex	emption	number		
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17 Other expenses (Part IX, Column (A), lines Tra-Trd, TH-24e) 19 196,049 49,016 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 826,897 458,998 19 Revenue less expenses. Subtract line 18 from line 12 90,306 -85,014 10 Total assets (Part X, line 16) 90,306 -85,014 10 Total liabilities (Part X, line 26) 443,314 341,168 21 Total liabilities (Part X, line 26) 21,567 5,435 22 Net assets or fund balances. Subtract line 21 from line 20 420,747 335,733 Part II Signature Block 420,747 335,733	es				63	24,587	409,982		
17 Other expenses (Part IX, Column (A), lines Tra-Trd, TH-24e) 19 196,049 49,016 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 826,897 458,998 19 Revenue less expenses. Subtract line 18 from line 12 90,306 -85,014 10 Total assets (Part X, line 16) 90,306 -85,014 10 Total liabilities (Part X, line 26) 443,314 341,168 21 Total liabilities (Part X, line 26) 21,567 5,435 22 Net assets or fund balances. Subtract line 21 from line 20 420,747 335,733 Part II Signature Block 420,747 335,733	ens					0	0		
17 Other expenses (Part IX, Column (A), lines Tra-Trd, TH-24e) 19 196,049 49,016 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 826,897 458,998 19 Revenue less expenses. Subtract line 18 from line 12 90,306 -85,014 10 Total assets (Part X, line 16) 90,306 -85,014 10 Total liabilities (Part X, line 26) 443,314 341,168 21 Total liabilities (Part X, line 26) 21,567 5,435 22 Net assets or fund balances. Subtract line 21 from line 20 420,747 335,733 Part II Signature Block 420,747 335,733	ğ								
19Revenue less expenses. Subtract line 18 from line 1290,306-85,01420Total assets (Part X, line 16)Beginning of Current YearEnd of Year21Total liabilities (Part X, line 26)2122,5675,43522Net assets or fund balances. Subtract line 21 from line 20420,747335,733Part IISignature BlockSignature BlockSignature Block	ш		-		1	96,049	49,016		
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Part II Signature Block			Revenue le			-85,014			
Part II Signature Block	s or				Beginning of Curre	nt Year	End of Year		
Part II Signature Block	sset	20					341,168		
Part II Signature Block	et A: nd B	21			22,567				
	_				42	20,747	335,733		
	P	art II							

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Elizabeth Pfiester, Executive Director			Dat	e		
	Type or print name and title						
Paid Preparer	Print/Type preparer's name	Date		Check if if self-employed	PTIN		
Use Only	Firm's name		Firm's EIN				
Use Only	Firm's address		Phone	e no.			
May the IRS	discuss this return with the preparer	shown above? See instructions				Yes	No
							10

For Paperwork Reduction Act Notice, see the separate instructions.

1

1

Form 99	(2023) Page 2												
Part													
	Check if Schedule O contains a response or note to any line in this Part III												
1	Briefly describe the organization's mission:												
	To support local communities to give them the tools they need to stand up for their rights so that access to insulin and diabetes supplies becomes a reality for all.												
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?												
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?												
	If "Yes," describe these changes on Schedule O.												
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, he total expenses, and revenue, if any, for each program service reported.												
4a	Code:) (Expenses \$ 272,973 including grants of \$ 0) (Revenue \$ 10,000)												
	FOR OUR PROGRAMS ACCOMPLISHMENTS, WE HAVE OVER 40 CHAPTERS ACROSS THE USA. VOLUNTEER ADVOCATES HAVE ACHIEVED AMAZING THINGS SUCH AS SECURING MEDIA COVERAGE, EDUCATING THE PUBLIC AND POLITICIANS, GAINING COMMITMENTS TO ENSURE TRANSPARENCY AND, ULTIMATELY, LOWER INSULIN COSTS. OUR SUMMIT BRINGS TOGETHER SUPPORTERS AND CHAPTER LEADERS TO BUILD THEIR SKILLS AND ADVOCATE TO PUSH FOR MORE AFFORDABLE, ACCESSIBLE INSULIN AND SUPPLIES.												
4b	Code:) (Expenses \$including grants of \$) (Revenue \$)												
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)												
4.4	Other preserve earliese (Deservibe on Schedule C)												
4d	Other program services (Describe on Schedule O.) Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)												
4e	Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Fotal program service expenses 272,973 0)												

orm 99	90 (2023)		F	Page 3
Part	V Checklist of Required Schedules			
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	Yes	No
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	2	<i>v</i>	~
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	~	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .	5		r
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		r
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		r
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		r
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11e 11f		~ ~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
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		r
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		 ✓
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		~
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		~
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	17		v
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	18		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		~ ~
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		-
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

Form 99	00 (2023)		I	Page 4
Part	V 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		~
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		~
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	 24a		-
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
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? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 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>	31		<i>v</i> <i>v</i>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
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	~	
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	35b 36		
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	30		~
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	~	
Part				
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 1	1c	Yes V	No

Form 99			F	Page 5
Part			Yes	No
	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 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	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		~
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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		~
b	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?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		~
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	U		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	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?	4-		
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		./
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2023)
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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
_	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8 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.	-	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 8 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		r
3	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		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		ン ン ン
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7a 7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	ン ン	~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	-	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	~ ~	
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b C	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b	•	
13	Did the organization have a written whistleblower policy?	12c 13	v v	
14	Did the organization have a written document retention and destruction policy?	14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	~	
b	Other officers or key employees of the organization	15b	~	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	160		~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16a 16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed <u>MN</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion (501(c

 Own website 	Another's website	Upon request	Other (explain on Schedule C))
Describe an Caba			and a life or event and a summarian of	

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Kate Pidwerbecki, (415)310-8027

Form 990 (2023)

Page 6

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.

				(0	C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and title	Average					than c		Reportable	Reportable	Estimated amount
	hours	office	er and	d a d	irect	is both or/trust	i an iee)	compensation	compensation	of other
	per week (list any							from the organization (W-2/	from related organizations (W-2/	compensation from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	ghe	Former	1099-MISC/	1099-MISC/	organization and
	related	dual	tion		hpl	st co yee	×	1099-NEC)	1099-NEC)	related organizations
	organizations below	r trus	al tr		руе	pmp				
	dotted line)	stee	uste			ens				
			ĕ			Highest compensated employee				
Elizabeth Pfiester	15.00									
Executive Director & Trustee	20.00	~		~				0	93,692	0
Fiona Dawson	1.00									
Board Chair	1.00	~		~				0	0	0
Heather Robinson	1.00									
Treasurer	1.00	~		~				0	0	0
David Fraser	1.00									
Trustee	1.00	~						0	0	0
Harpreet Nagra	1.00									
Trustee	1.00	~						0	0	0
Cameron Hall	1.00									
Trustee	1.00	~						0	0	0
Matthew Dinger	1.00									
Trustee	1.00	~						0	0	0
Melissa Passarelli	1.00									
Trustee	1.00	~						0	0	0
	+									
	+									
	[<u> </u>						Fauna 000 (0000)

Part	VI Section A. Officers, Directors, 1	Frustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continue	;d)
					•	C)							
	(B)	(do n	ot ch		ition more	e than o	one	(D)	(E)		(F)		
	Name and title	Average	box,	to not check more than or ox, unless person is both			is both	n an	Reportable	Repor		Estimated amour	ıt
		hours per week				1	or/trust	<u> </u>	compensation from the	compen from re		of other compensation	
		(list any	Individual t or director	Insti	Officer	Key employee	High	Former	organization (W-2/	organizatio		from the	
		hours for related	/idua	ttic	ěř	emp	lest i loye	ner	1099-MISC/ 1099-NEC)	1099-N 1099-1		organization and related organizatio	
		organizations	or tr	onal		oloy	e				- /		
		below dotted line)	Individual trustee or director	Institutional trustee		ee	pen						
			O O	tee			Highest compensated employee						
							<u>م</u>						—
		+	-										
													—
			-										
		+	-										
			-										
			1										
		+	-										
													—
			1										
													_
			1										
1b	Subtotal								0		93,692		0
С	Total from continuation sheets to Part						•						
d	Total (add lines 1b and 1c)								0		93,692		0
2	Total number of individuals (including		limite	ed t	to t	thos	e list	ted	above) who re	eceived	more t	han \$100,000	of
	reportable compensation from the organi	ization							0				
													o
3	Did the organization list any former of							mpl	loyee, or highes	st compe	ensated	1 1 1	
_	employee on line 1a? If "Yes," complete s							•				3 4	<u></u>
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater th	an \$	150,	,000)? T	r "Ye	s, "	complete Sched	duie J to	or sucn		
_			• •	•	•	• •	•	•			· ·	4 •	<u>_</u>
5	Did any person listed on line 1a receive of for services rendered to the organization?												
Cost		: <i>II 16</i> 3, C	Jompi	ele	301	ieut	lie J i	01 3	such person .		• •	5 .	<u> </u>
<u>Secti</u>	on B. Independent Contractors Complete this table for your five high	nost comp	onoot	<u>ad</u>	ind		adapt		petroptoro that r	againad	moro	then \$100,000	of
	compensation from the organization. Rep												
		on compen	Julio	10		5 00	ua	. ye	-	with the the	5 organ	•	- 14
	(A) Name and business add	lress							(B) Description of serv	lices		(C) Compensation	
Mana								<u> </u>					
None								-					
								-					
								-					

2	Total number of independent contractors (including but not limited to those listed above) who							
	received more than \$100,000 of compensation from the organization							

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	y line in this Pa	urt VIII...	 🗆

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512–514
ts, Its	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b	0				
D H	С	Fundraising events 1c	0				
ifts ar ⊿	d	Related organizations 1d	0				
D ij	e	Government grants (contributions) 1e	0				
Si	f	All other contributions, gifts, grants, and similar amounts not included above					
hei	~	and similar amounts not included above 1f	362,611				
dt Id	g		¢				
Son	h	Ines 1a-1f 1g Total. Add lines 1a-1f .		2/2/11			
0	h		Business Code	362,611			
e e	2a	Contract Services	900099	10,000	10,000	0	0
ž 🔊	b		900099	10,000	10,000	0	<u> </u>
Sei	c						
Program Service Revenue	d						
Be	e						
2 L	f	All other program service revenue		0	0	0	0
-	g	Total. Add lines 2a–2f		10,000			
	3	Investment income (including dividend					
		other similar amounts)					
e	4	Income from investment of tax-exempt be	ond proceeds				
	5	Royalties <u></u>					
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 0	0				
	_d		(ii) Other				
	7a	Gross amount from (i) Securities sales of assets	(ii) Other				
		sales of assets other than inventory 7a					
	b	Less: cost or other basis					
ňu	D D	and sales expenses . 7b					
Revenue	c	Gain or (loss) 7c 0	0				
ř.	d	Net gain or (loss) .					
her	8a	Gross income from fundraising					
Othe	•••	events (not including \$ 0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
	С	Net income or (loss) from fundraising eve	ents				
	9a	Gross income from gaming					
	_	activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
	C 100	Net income or (loss) from gaming activiti	es				
	10a	Gross sales of inventory, less returns and allowances 10a	1 070				
	h	Less: cost of goods sold 10b					
	b C	Net income or (loss) from sales of invent		1,373	0	0	1,373
s			Business Code	1,373	0	0	1,373
Miscellaneous Revenue	11a						
scellaneo Revenue	b						
ellé sve	c						
Sc. ₽	d	All other revenue					
Σ	е	Total. Add lines 11a–11d		0			
	12	T 1 1 0 1 1 1		373,984	10,000	0	1,373
							Form 990 (2023)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must com

Do not 8b, 9b, 1	n 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response t include amounts reported on lines 6b, 7b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic			(C) Management and	
8b, 9b, 1 2	t include amounts reported on lines 6b, 7b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	(A)	(B) Program service	(C) Management and	(D)
8b, 9b, 1 2	, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	(A) Total expenses	Program service	Management and	(D)
2	and domestic governments. See Part IV, line 21 .			general expenses	expenses
2	-	0	0		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign	0	0		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
5	Benefits paid to or for members Compensation of current officers, directors,	0	0		
	trustees, and key employees	137,553	99,814	6,878	30,861
	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	186,959	104,217	46,179	36,563
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	54,414	35,781	6,706	11,927
	Payroll taxes	31,056	20,497	3,727	6,832
	Fees for services (nonemployees):				
а	Management	0	0	0	0
b	Legal	11,057	0	2,963	8,094
С	Accounting	8,309		8,309	0
d	Lobbying	47	47		
е	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0	0	0	0
-	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .				
		5,500	5,500	0	0
	Advertising and promotion	0	0	0	0
	Office expenses	4,906	126	1,153	3,627
	Information technology	6,745	1,518	5,219	8
16	Occupancy	0	0	0	0
17	Travel . <td>351</td> <td>351</td> <td>0</td> <td>0</td>	351	351	0	0
	Payments of travel or entertainment expenses	351	301	0	0
	for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	0	0	0	0
	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	6,819	0	6,819	0
	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.)				
a	Advocacy Materials	5,282	5,122	160	0
b c d					
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	458,998	272,973	88,113	97,912
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)	430,770	212,713	00,113	77,712

Form 990 (2023)

Pa	irt X	Balanca Shoot			
			тV		_
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		
	1	Cash-non-interest-bearing	377,670	1	220,849
	2	Savings and temporary cash investments	0	2	104,773
	3	Pledges and grants receivable, net	4,876	3	11,078
	4	Accounts receivable, net	55,000	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	6	controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined	0	5	0
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
sts	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
A	9 10a	Prepaid expenses and deferred charges	5,768	9	4,468
	b	Less: accumulated depreciation	0	10c	
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	443,314		341,168
	17	Accounts payable and accrued expenses	22,567	17	5,435
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0		0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
lab		controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0	24	0
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	22,567	26	5,435
nces		Organizations that follow FASB ASC 958, check here v and complete lines 27, 28, 32, and 33.			·
alai	27	Net assets without donor restrictions	420,747	27	335,733
ä	28	Net assets with donor restrictions	0	28	0
r Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
iets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	420,747	32	335,733
Ž	33	Total liabilities and net assets/fund balances	443,314	33	341,168

Form **990** (2023)

Form 99	90 (2023)				Pa	ge 12
Par	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			37	3,984
2	Total expenses (must equal Part IX, column (A), line 25)	2			45	8,998
3	3 Revenue less expenses. Subtract line 2 from line 1					
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4					
5	5 Net unrealized gains (losses) on investments					
6	6 Donated services and use of facilities					
7	Investment expenses	7				0
8	Prior period adjustments	8				0
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			33	5,733
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			· ·		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain	on			
_						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npilec	or			
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis			-		
b			-	2b		~
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	tea o	na			
	separate basis, consolidated basis, or both.					
-	Separate basis Consolidated basis Both consolidated and separate basis	araiah	t of			
C	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?					
	the audit, review, or compilation of its financial statements and selection of an independent accountant? . If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.	npialli				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
Ja	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	 Jerao		Ja		v
5	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		
				55		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 ୬៣୨3

Department of the Treasury	y
Internal Revenue Service	

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.

Open to Public	
Inspection	

Name of the organization

TINTERNATIONAL LISA		-	
	T 4 1	TIONIAL	

Employer identification number	
84-2544817	

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state:
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6
- 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.)
- 9 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 university:
- An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11
- 12 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 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a,
 - **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а 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.
 - 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, С 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) d 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. е functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - Provide the following information about the supported organization(s) α

3	3 · · · · · · · · · · · · · · · · · · ·									
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization (listed in your governing document?		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			Yes	No						
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total Gifts, grants, contributions, and 1 membership fees received. (Do not include any "unusual grants.") . . Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 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) **Public support.** Subtract line 5 from line 4 6 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business 9 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.) **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 14 15 15 % 331/3% support test-2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check h 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported \square b 10%-facts-and-circumstances test-2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18 instructions

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.)

Secti	on A. Public Support			<i>,</i> 1		/	
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")		477,032	1,155,743	860,282	361,211	2,854,268
2 3	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		5,209	3,376	56,921	11,373	76,879
-	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						
6	Total. Add lines 1 through 5	0	482,241	1,159,119	917,203	372,584	2,931,147
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				6,396		6,396
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	0	0	0	6,396	0	6,396
8	Public support. (Subtract line 7c from line 6.)						
Secti	on B. Total Support						2,924,751
-	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	0	482,241	1,159,119	917,203	372,584	2,931,147
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					14	14
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	0	0	0	0	14	14
11	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)						
4.4	and 12.)	0	482,241	1,159,119	917,203	372,598	2,931,161
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Secti	on C. Computation of Public Suppor				<u></u>		· · · 🗸
15	Public support percentage for 2023 (line 8	0		3, column (f))		15	%
16	Public support percentage from 2022 Sch	nedule A, Part I	II, line 15 .			16	%
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2023 (-		17	%
18	Investment income percentage from 2022					18	%
19a	$33^{1/3}$ % support tests - 2023. If the organ						
b	17 is not more than 33 ¹ / ₃ %, check this box 33 ¹ / ₃ % support tests – 2022. If the organiz	ation did not cl	neck a box on l	line 14 or line 1	9a, and line 16	is more than 33	3 ¹ /3%, and
	line 18 is not more than 331/3%, check this l	-	-	-			
20	Private foundation. If the organization di	d not check a l	pox on line 14,	19a, or 19b, c	heck this box a	and see instruc	tions .
						Schedule A	(Form 990) 2023

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, 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).*
- 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).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 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 Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
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		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	inizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	•	<i>VI</i>) 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 whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
С	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. 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 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Schedule A (Form 990) 2023

Part VISupplemental 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.)

(4)

(5)

(6)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public

Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	of organization			Employer ide	ntification number
T1INT	ERNATIONAL USA				84-2544817
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527	organization.
1	Provide a description of definition of "political can	the organization's direct and incompaign activities."	direct political ca	mpaign activities in Pa	t IV. See instructions for
2	Political campaign activit	y expenditures. See instructions .			\$
3	Volunteer hours for polition	cal campaign activities. See instruc	ctions		
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1		excise tax incurred by the organiza			\$
2	-	excise tax incurred by organization	-		
3	If the organization incurre	ed a section 4955 tax, did it file For	m 4720 for this ye	ear?	🗌 Yes 🗌 No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part			<u>, , , , , , , , , , , , , , , , , , , </u>	() ()
Part		e organization is exempt unde			1(c)(3).
1	Enter the amount direct activities	ly expended by the filing organiz	ation for section		\$
2	527 exempt function acti	filing organization's funds contrib			₿
3	line 17b	expenditures. Add lines 1 and 2.			۶
4		file Form 1120-POL for this year?			
5	organization made payme the amount of political co	ses, and employer identification nur- ents. For each organization listed, e ontributions received that were pro- fund or a political action committee	enter the amount protectly	paid from the filing organ delivered to a separate	nization's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					

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

Schedule C (Form 990) 2023

Scheo	dule C (Form 990) 2023			Page 2
Par	t II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
Α	Check i if the filing organization belongs to EIN, expenses, and share of exce	o an affiliated group (and list in Part IV each affiliate ss lobbying expenditures).	ed group member's	name, address,
BC	Check 🔲 if the filing organization checked b	box A and "limited control" provisions apply.		
		<i>r</i> ing Expenditures ans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	oublic opinion (grassroots lobbying)	108	
b	 Total lobbying expenditures to influence a 	a legislative body (direct lobbying)	8,907	
c	 Total lobbying expenditures (add lines 1a 	and 1b)	9,015	
d	I Other exempt purpose expenditures		449,489	
е	Total exempt purpose expenditures (add	lines 1c and 1d)	458,504	
f	Lobbying nontaxable amount. Enter the columns.	he amount from the following table in both	91,701	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 259	% of line 1f)	22,925	
h	Subtract line 1g from line 1a. If zero or les	ss, enter -0	0	
i	Subtract line 1f from line 1c. If zero or les	,	0	
j		on either line 1h or line 1i, did the organization		Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a	Lobbying nontaxable amount	72,771	143,912	148,566	91,701	456,950		
b	Lobbying ceiling amount (150% of line 2a, column (e))					685,425		
с	Total lobbying expenditures	125	14,815	8,974	9,015	32,929		
d	Grassroots nontaxable amount	18,193	35,978	37,142	22,925	114,238		
e	Grassroots ceiling amount (150% of line 2d, column (e))					171,357		
f	Grassroots lobbying expenditures	29	10,524	2,056	108	12,717		

Schedule C (Form 990) 2023

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: 1 Volunteers?	below provide in Part IV a detailed (a)	(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Image: constraint of the constraint on the constraint of the constraint of the constraint of the constraint on the constratint and the constraint on the constraint on t		mount
a Volunteers?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? j Total. Add lines 1c through 1i a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? d If the organization make only in-house lobbying expenditures of \$2,000 or less? a Did the organization make only in-house lobbying expenditures of \$2,000 or less? b If either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is a "Yes." c Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 50 and if either (a) BOTH Part III-A, lines 1 a		
c Media advertisements? Image: Complex Statements? d Mailings to members, legislators, or the public? Image: Complex Statements? e Publications, or published or broadcast statements? Image: Complex Statements? g Direct contact with legislators, their staffs, government officials, or a legislative body? Image: Complex Statements? g Direct contact with legislators, their staffs, government officials, or a legislative body? Image: Complex Statements? d Mailings, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Image: Complex Statements? i Other activities? Image: Complex Statements? Image: Complex Statements? a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? Image: Complex Statements? b If "Yes," enter the amount of any tax incurred by organization managers under section 4912 Image: Complex Statements? c If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Image: Complex If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Image: Complex If the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). IIIII-3 Compl		
d Mailings to members, legislators, or the public?		
e Publications, or published or broadcast statements?		
f Grants to other organizations for lobbying purposes?		
g Direct contact with legislators, their staffs, government officials, or a legislative body? Image: Context with legislators, seminars, conventions, speeches, lectures, or any similar means? M Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Image: Context with legislators, seminars, conventions, speeches, lectures, or any similar means? Other activities? Image: Context with legislators, their staffs, government officials, or a legislative body? Image: Context with legislators, seminars, conventions, speeches, lectures, or any similar means? I of the activities? Image: Context with legislators, their staffs, government of lectures, or any similar means? Image: Context with legislators, their staffs, government of lectures, or any similar means? If "Yes," enter the amount of any tax incurred under section 4912 Image: Context with legislators incurred a section 4912 tax, did it file Form 4720 for this year? Image: Context with legislators incurred a section 4912 tax, did it file Form 4720 for this year? IIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Image: Context with legislators is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Image: Context with legislator agree to carry over lobbying and political campaign activity expenditures from the prior year? IIII-B Complete if the organization agree to carry over form me		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i i Other activities? i Total. Add lines 1c through 1i i i a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? i a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? i b If "Yes," enter the amount of any tax incurred under section 4912 i c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 i d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? i t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? i i Did the organization make only in-house lobbying expenditures of \$2,000 or less? i i Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? i i Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). i i Curr		
Other activities?		
i Total. Add lines 1c through 1i i i a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? i b If "Yes," enter the amount of any tax incurred under section 4912 i c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 i c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 i c If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? i c Total. Add lines 1 the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Utilies Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 till=3 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 5 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is a "Yes." 1 Dues, assessments and similar amounts from members 2a Section 162(e) nondeductible lobbying and political expenditures (do not		
a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? i b If "Yes," enter the amount of any tax incurred under section 4912 i c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 i d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? i d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? i tIII-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 1 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 tIII-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 5 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is a "Yes." Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a a Current year 2a 2b 2c Aggregate amount reported in section 6033(e)(1)(A) not		
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vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 4; Part I-C, line 5; Part II-A (affiliated group list); Par	and political campaign activity expenditures from the prior year? 3 exempt under section 501(c)(4), section 501(c)(5), or section nines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is n members 1 d political expenditures (do not include amounts of 27(f) tax was paid). 2a	answ
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 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.



Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number 84-2544817

T1INTERNATIONAL USA

Form 990, Part VI, Section B, Line 11b - The organization's officers and board members will be presented with the form 990 for review and questions before it is finalized. The 990 will then be reported on during the board meeting.

Form 990, Part VI, Section B, Line 12c - The organization's conflict of interest policy covers any director, principal officer, or member of a committee with governing board delegated powers. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement. After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he or she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists. Individuals determined to have a conflict of interest must leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.

Form 990, Part VI, Section B, Line 15 - T1International USA utilizes a standardized and transparent compensation model to assess fair compensation for all staff members. The salaries are assessed by the employee themselves, the Operations Manager, and the Executive Director. The board approved the overall salary model and approves and sets the Executive Director's salary. The compensation process has been reviewed and approved in 2022.

Form 990, Part VI, Section C, Line 19 - Conflict of interest policy and financial statements are made available on the T1International
website.

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.

Department of the Treasury Internal Revenue Service

Name of the organization

T1INTERNATIONAL USA

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 entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
						Yes	No
(1) T1International 12 Stringers Close, Stroud, United Kingdom GL5 3RB, United Kingdom	Diabetes advocacy and education	United Kingdom (England, Northern			N/A		~
(2)	-						
(3)							
(4)							
(5)							
(6)							
(7)							

OMB No. 1545-0047

inployer identification numb

84-2544817

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

Schedule R (Form 990) 2023

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (k) (a) (b) (d) (f) (g) (h) (i) (i) (c) (e) Predominant Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Disproportionate Code V-UBI General or Percentage income (related, related organization domicile entity income year assets allocations? amount in box 20 managing ownership unrelated, of Schedule K-1 (state or partner? excluded from foreign (Form 1065) tax under country) Yes No Yes No sections 512-514) (1) (2) (3) (4) (5) (6) (7)

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(Section 5 contr ent	(i) 512(b)(13) rolled tity?
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2023

(6)

Part	V Transactions With Related Organizations. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, line 34	4, 35b, or 36.		
Not	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Parts	i II–IV?		
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		~
b	Gift, grant, or capital contribution to related organization(s)					~
С	Gift, grant, or capital contribution from related organization(s)			1 C	~	
d	Loans or loan guarantees to or for related organization(s)					~
е	Loans or loan guarantees by related organization(s)			1e		~
f	Dividends from related organization(s)				-	~
g	Sale of assets to related organization(s)					~
h	Purchase of assets from related organization(s)					~
i	Exchange of assets with related organization(s)					~
j	Lease of facilities, equipment, or other assets to related organization(s)			1 j		~
k	Lease of facilities, equipment, or other assets from related organization(s)					~
I	Performance of services or membership or fundraising solicitations for related organization(s)					~
m						~
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . $\ .$					~
0	Sharing of paid employees with related organization(s)			10		~
р	Reimbursement paid to related organization(s) for expenses				-	/
q	Reimbursement paid by related organization(s) for expenses			1 q		~
r	Other transfer of cash or property to related organization(s)					<u> </u>
<u>s</u>	Other transfer of cash or property from related organization(s)					•
		· · · · · · · · · · · · · · · · · · ·	J J J J J J J J J J J J J J J J J J J	•	resnoid	JS
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amo	unt invol	ved
		type (a-s)				
S	ee Schedule R, Part VII, Statement 1					
(1)						
(2)						
(3)						
(4)						
(5)						
(5)						

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Schedule R (Form 990) 2023

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) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded	orgonia	artners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate tions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(Gene mana part	ral or aging	(k) Percentage ownership
			sections 512–514)	Yes	No			Yes	No		Yes	No	
	-												
	-												
	-												
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Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R, Part VII, Statement 1	T1INTERNATIONAL USA	
Form: Schedule R (2023)	EIN: 84-2544817	
Page: 3	Part V, Line 2	
	Description of Covered Relationships and Transaction Thresholds	
		Amt. involved
Name	T1International	84,440
Transaction type	С	
Method of determining amt. involved	Entity granted funds to organization to support budget for a total of \$84,439.74 via donations on: December 12 - \$24,616.62 December 22 - \$9,922.86 December 27 \$24,878.70 December 28 - \$25,021.56	