#### **T1INTERNATIONAL USA**

#### FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2021 AND 2020



WEALTH ADVISORY | OUTSOURCING AUDIT, TAX, AND CONSULTING

CLAconnect.com

#### T1INTERNATIONAL USA TABLE OF CONTENTS YEARS ENDED DECEMBER 31, 2021 AND 2020

	NDEPENDENT AUDITORS' REPORT	1
F	INANCIAL STATEMENTS	
	STATEMENT OF FINANCIAL POSITION	3
	STATEMENT OF ACTIVITIES	4
	STATEMENT OF FUNCTIONAL EXPENSES	5
	STATEMENT OF CASH FLOWS	7
	NOTES TO FINANCIAL STATEMENTS	8



#### **INDEPENDENT AUDITORS' REPORT**

Board of Directors T1International USA St. Louis Park, Minnesota

#### Report on the Audit of the Financial Statements Opinion

We have audited the accompanying financial statements of T1International USA which comprise the statements of financial position as of December 31, 2021 and 2020, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of T1International USA as of December 31, 2021 and 2020, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of T1International USA and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about T1International USA's ability to continue as a going concern for one year after the date the financial statements are available to be issued.



#### Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of T1International USA's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about T1International USA's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Clifton Larson Allen LLP

CliftonLarsonAllen LLP

Minneapolis, Minnesota April 4, 2022

#### T1INTERNATIONAL USA STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2021 AND 2020

	 2021	 2020
ASSETS		
Cash and Cash Equivalents	\$ 344,872	\$ 119,490
Prepaid Expenses	36,189	14,936
Pledges Receivable	 11,301	15,000
Total Assets	\$ 392,362	\$ 149,426
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts Payable	\$ 13,107	\$ 6,251
Accrued Expenses	17,232	8,896
Grant Funds Payable	31,582	-
Grant Funds Advanced	 _	55,535
Total Liabilities	61,921	 70,682
NET ASSETS		
Without Donor Restrictions	330,441	78,744
Total Net Assets	 330,441	 78,744
Total Liabilities and Net Assets	\$ 392,362	\$ 149,426

#### T1INTERNATIONAL USA STATEMENTS OF ACTIVITIES YEARS ENDED DECEMBER 31, 2021 AND 2020

	 2021	 2020
REVENUE AND SUPPORT WITHOUT DONOR RESTRICTIONS		
Grants	\$ 990,353	\$ 408,833
Donations	129,962	68,199
Other Income	 3,376	 5,209
Total Revenue and Support	1,123,691	482,241
EXPENSES AND LOSSES		
Program Services Expense	453,278	215,937
Supporting Services Expense:	100,210	210,001
Management and General	292,309	147,916
Fundraising and Development	126,407	48,560
Total Supporting Services Expenses	 418,716	 196,476
Total Expenses	 871,994	 412,413
CHANGE IN NET ASSETS WITHOUT DONOR RESTRICTIONS	251,697	69,828
Net Assets - Beginning of Year	 78,744	 8,916
NET ASSETS - END OF YEAR	\$ 330,441	\$ 78,744

#### T1INTERNATIONAL USA STATEMENTS OF FUNCTIONAL EXPENSES YEARS ENDED DECEMBER 31, 2021 AND 2020

	Program Services	nagement d General	Iraising and velopment	 2021 Total
Salaries and Wages Employee Benefits Payroll Taxes Professional Services Accounting Fees Legal Fees Advertising and Promotion Office Expenses Information Technology Travel Conferences, Conventions, and Meetings Insurance Training and Development Other	\$ 251,877 15,965 24,400 84,656 - 51,785 - - - - - - - - - - - - - - - - - - -	\$ 94,309 5,978 9,136 65,371 18,132 30,957 - 24,363 1,811 2,957 52 3,985 35,049 209	\$ 35,461 2,248 3,435 82,988 - - - - - - - - - - - - - - - - - -	\$ 381,647 24,191 36,971 233,015 18,132 30,957 51,785 24,363 1,811 2,957 52 3,985 35,049 27,079
Total Expenses	\$ 453,278	\$ 292,309	\$ 126,407	\$ 871,994

#### T1INTERNATIONAL USA STATEMENTS OF FUNCTIONAL EXPENSES YEARS ENDED DECEMBER 31, 2021 AND 2020

	ogram Services	nagement d General	raising and velopment	 2020 Total
Salaries and Wages Employee Benefits Payroll Taxes Professional Services Accounting Fees Legal Fees Advertising and Promotion Office Expenses Information Technology	\$ 112,240 11,038 9,846 60,782 - - 12,781 986	\$ 29,336 1,472 2,943 65,636 2,119 26,418 100 12,795 1,333	\$ 26,002 164 2,204 15,120 - 4,023 - -	\$ 167,578 12,674 14,993 141,538 2,119 30,441 12,881 13,781 1,333
Travel Conferences, Conventions, and Meetings Insurance Training and Development Other Total Expenses	\$ 4,000 4,195 69 215,937	\$ 2,473 271 2,116 770 <u>134</u> 147,916	\$ - - - - - 48,560	\$ 1,333 2,473 4,271 2,116 4,965 1,250 412,413

#### T1INTERNATIONAL USA STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2021 AND 2020

	2021	2020
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	\$ 251,697	\$ 69,828
Adjustments to Reconcile Change in Net Assets to Net Cash		
Provided by Operating Activities:		
Changes in Operating Assets and Liabilities:		
Prepaid Expenses	(21,253)	(14,936)
Pledges Receivable	3,699	(2,000)
Accounts Payable	6,856	2,167
Accrued Expenses	8,336	8,896
Grant Funds Payable	31,582	-
Grant Funds Advanced	(55,535)	(53,611)
Net Cash Provided by Operating Activities	 225,382	 10,344
NET CHANGE IN CASH AND CASH EQUIVALENTS	225,382	10,344
Cash and Cash Equivalents - Beginning of Year	 119,490	 109,146
CASH AND CASH EQUIVALENTS - END OF YEAR	\$ 344,872	\$ 119,490

#### T1INTERNATIONAL USA NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

#### NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES

#### **Organization**

T1International USA (Organization) is a nonprofit corporation incorporated on July 29, 2019, to give local communities the tools they need to stand up for their rights so that access to insulin and diabetes supplies becomes a reality for all. This mission is fulfilled by raising awareness, sharing knowledge, sharing data, and campaigning. Significant sources of revenue include one large grant and many contributions from individual donors.

#### **Cash and Cash Equivalents**

We consider all cash and highly liquid financial instruments with original maturities of three months or less, which are neither held for nor restricted by donors for long-term purposes, to be cash and cash equivalents. Cash and highly liquid financial instruments restricted to building projects, endowments that are perpetual in nature, or other long-term purposes are excluded from this definition.

#### Pledges receivable

The Organization records pledges receivable which represent unconditional promises to give as revenue when the promise is received. Accounts receivable are written off when all reasonable collection efforts have been exhausted. During the years ended December 31, 2021 and 2020, there were no pledges receivable written off. The Organization believes all pledges receivable at December 31, 2021 will be fully collected within one year. Accordingly, no allowance for doubtful accounts or discount is required.

#### Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Net Assets Without Donor Restrictions* – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

Donor-restricted funds received and satisfied in the same fiscal year are recorded as without donor restrictions. All other donor-restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of activities as net assets released from restrictions.

#### **Revenue and Revenue Recognition**

Contributions are recognized when cash, securities or other assets, an unconditional promise to give, or notification of a beneficial interest is received. Conditional promises to give are not recognized until the conditions on which they depend have been substantially met.

#### T1INTERNATIONAL USA NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

#### NOTE 1 PRINCIPAL ACTIVITY AND SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### **Functional Allocation of Expenses**

The costs of program and supporting services activities have been summarized on a functional basis in the statements of activities. The consolidated statements of functional expenses present the natural classification detail of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Salaries and related expenses are allocated based on job descriptions and the best estimates of management. Expenses, other than salaries and related expenses, are allocated as each expense occurs using management's best estimate.

#### Income Taxes

T1International USA qualifies as a tax-exempt organization described in Section 501(c)(3) of the Internal Revenue Code and similar statues of Minnesota law. Accordingly, income taxes have not been recorded in the accompanying financial statements.

The Organization has not taken any uncertain tax positions that require recognition under applicable accounting guidance.

#### <u>Estimates</u>

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires us to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates, and those differences could be material.

#### Subsequent Events

We have evaluated subsequent events through April 4, 2022, the date the consolidated financial statements were available to be issued.

#### NOTE 2 LIQUIDITY AND AVAILABILITY

The Organization regularly monitors the availability of income required to meet its operating needs and other contractual commitments. For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing activities.

#### T1INTERNATIONAL USA NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021 AND 2020

#### NOTE 2 LIQUIDITY AND AVAILABILITY (CONTINUED)

The following financial assets are available one year after the balance sheet date:

	 2021	2020
Cash and Cash Equivalents	\$ 344,872	\$ 119,490
Pledges Receivable	11,301	15,000
Less: Grant Funds Advanced	 -	 (55,535)
Financial Assets Available to Meet Cash Needs		
for General Expenditures Within One Year	\$ 356,173	\$ 78,955

#### NOTE 3 RELATED PARTY TRANSACTIONS

T1International USA shares multiple board members as well as an executive director with the Organization T1International, based in the United Kingdom. During the year ended December 31, 2021, T1International USA paid T1International \$91,250 for services provided by the executive director, who oversees both entities and the development director, who provides services for both entities. During the year ended December 31, 2020, T1International USA paid T1International \$57,220 for services provided by the executive director.

#### NOTE 4 REVENUE CONCENTRATION

T1International USA receives grant funding representing 88% and 87% of its revenues from one donor during the years ended December 31, 2021 and 2020. Should this grant be discontinued, T1International USA would have to pursue alternative funding sources to continue its operations.

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor. CLA is an independent member of Nexia International, a leading, global network of independent accounting and consulting firms. See nexia.com/member-firm-disclaimer for details. CliftonLarsonAllen LLP





## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

A	For th	e 2021 calendar year, or tax year beginning and e	ending				
В	Check if applicat			D Employer iden	tification	n number	
	Addr chan	ess T1INTERNATIONAL USA					
	Nam			84-25448	17		
	Initia		Room/suite	E Telephone num	ber		
	Final	250 CENTER STREET STE 6 #1009		347-292-11			
	termi			<b>G</b> Gross receipts \$		1,15	59,119.
	Amer returi	nded AUDUDN ME 04210		H(a) Is this a grou	p return		
	Appli tion	<sup>ca-</sup> F Name and address of principal officer: ELIZABETH PFIESTER		for subordina		Yes	X No
	pend	12 STRINGERS CLOSE, STROUD, GLOUCESTERSHIRE,		<b>H(b)</b> Are all subordinat			No
T	Tax-e>	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	r 📃 527				ons
		ite: T1INTERNATIONAL.COM		H(c) Group exemp	otion nun	nber 🕨	
к	Form c	f organization: 🕱 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year of	of formation: 2019	M Stat	e of legal don	nicile: MN
Ρ	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: TO SUPP	ORT LOCA	L COMMUNITIES	то		
Governance		GIVE THEM THE TOOLS THEY NEED TO STAND UP FOR THEIR RIGHTS.					
202	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispose	ed of more	than 25% of its net	assets.		
970	3 3	Number of voting members of the governing body (Part VI, line 1a)			3		8
د م		Number of independent voting members of the governing body (Part VI, line 1b)			4		8
U	g 5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5		13
Activitiae	6	Total number of volunteers (estimate if necessary)			6		200
424	5  7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b		0.
				Prior Year		Current Ye	
9	8	Contributions and grants (Part VIII, line 1h)		477,03	0.	1,13	55,743.
Ravanua	9	Program service revenue (Part VIII, line 2g)			0.		0.
a B		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,20			3,376.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		482,24	_	1 1	59,119.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		,	0.	-,	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0.
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		252,46	5.	44	16,879.
000	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.		<i>,</i> 0.
Fynancae	b b	Total fundraising expenses (Part IX, column (D), line 25)					
ù	<u>17</u>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		159,94	8.	42	21,885.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		412,41	3.	86	58,764.
	19	Revenue less expenses. Subtract line 18 from line 12		69,82	8.	29	90,355.
Net Assets or	ces		Be	ginning of Current Ye	ar	End of Ye	ar
sets	पुषे <b>20</b>	Total assets (Part X, line 16)		149,42	6.	39	92,138.
tAs	ਸ਼ੂ 21	Total liabilities (Part X, line 26)		70,68	2.	2	23,039.
Ne	22	Net assets or fund balances. Subtract line 21 from line 20		78,74	4.	36	59,099.
Ρ	art II						
		alties of perjury, I declare that I have examined this return, including accompanying schedules		•	f my know	ledge and be	ief, it is
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of white	ch preparer	has any knowledge.			
		Cirpature of officer		Data			
Sig		Signature of officer		Date			
He	re	ELIZABETH PFIESTER, EXECUTIVE DIRECTOR & FOUNDER Type or print name and title					
		יזאר איז					

	· · · · · · · · · · · · · · · · · · ·						
Paid	Print/Type prepare DEIRDRE HODGS		Preparer's signature DEIRDRE HODGSON	Date 04/01/22	2 Check if self-employed	] PTIN P01484710	
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firm's EIN 🕨	41-0746749	
Use Only	Firm's address 🕨	220 SOUTH SIXTH STREET S	UITE 300				
	-	MINNEAPOLIS, MN 55402			Phone no.612-3	76 - 4500	
May the IF	RS discuss this ret	turn with the preparer shown abo	ve? See instructions			X Yes	No No

Form	990 (2021) T1INTERNATIONAL USA	84-2544817	Page <b>2</b>
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	T1INTERNATIONAL USA SUPPORTS LOCAL COMMUNITIES BY GIVING THEM THE		
	TOOLS THEY NEED TO STAND UP FOR THEIR RIGHTS SO THAT ACCESS TO INSULIN		
	AND DIABETES SUPPLIES BECOMES A REALITY FOR ALL.		
2	Did the organization undertake any significant program services during the year which were not listed on the	<u>}</u>	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	, as measured by expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a		
	revenue, if any, for each program service reported.	· · · · ·	
4a		Revenue \$	0.
	FOR OUR PROGRAMS ACCOMPLISHMENTS, WE NOW HAVE 40 CHAPTERS ACROSS THE		
	USA (PLUS OTHERS WORLDWIDE). 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 WORKSHOP 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 \$) (including grants of \$)	Revenue \$	
4c	(Code:) (Expenses \$ including grants of \$) (including grants of \$)	Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 404,270.		
		F	orm <b>990</b> (2021
32002	2 12-09-21		
	2		

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
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	X	<u> </u>
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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>x</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110		x
Ь	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>		
b		11b		x
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			<u> </u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u>.</u> .
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00-	complete Schedule G, Part III	19		X X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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</i> "Yes." <i>complete Schedule I, Parts I and II</i>	21		x
132003	12-09-21		990	(2021)
102000				()

132003 12-09-21

3 2021.03021 T1INTERNATIONAL USA Yes No

T1INTERNATIONAL USA Form 990 (2021) T1INTERNATIONAL US
Part IV Checklist of Required Schedules

Form 990 (2021)
-----------------

T1INTERNATIONAL USA

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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? If "Yes, " complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? If			x
	"Yes," complete Schedule L, Part IV	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	000		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		x
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization requidate, terminate, or dissorve and cease operations: <i>If Yes, complete Schedule N, Part I</i>	-51		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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           Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
Pa				,
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 19	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u>  1c</u>	x 990	
132004	4 12-09-21 <b>4</b>	rorm	550	(2021)

2021.03021 T1INTERNATIONAL USA

Form	990 (2021) T1INTERNATIONAL USA 84-254481	7	Р	age <b>5</b>	
Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 13				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
	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		x	
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x	
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	6a		x	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.2			
Ū	to file Form 8282?	7c		x	
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d	10			
		7e		x	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76 7f		x	
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
-					
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h			
0		8			
9	sponsoring organization have excess business holdings at any time during the year?	0			
		9a			
		9b			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90			
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12   10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders   11a				
	Gross income from members or shareholders       11a         Gross income from other sources. (Do not net amounts due or paid to other sources against       1				
D					
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-			
		12a			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>			
<b>L</b>	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
D	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			x	
	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? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<b>.</b>	
	excess parachute payment(s) during the year?	15		X	
	If "Yes," see the instructions and file Form 4720, Schedule N.			v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X	
-	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes," complete Form 6069.		0000		
132005	12-09-21 5 5	Form	1990	(2021)	

13330401 131839 053-206645

2021.03021 T1INTERNATIONAL USA

053-2061

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			_
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <b>1a</b>	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.	8		
		<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
•	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?	0		
7a		7.		x
	more members of the governing body?	<u>7a</u>		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			x
~	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	<u>8a</u>	X	x
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		^
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V.	
10-	Distinction in the state based on the state of the state	40-	Yes X	No
	Did the organization have local chapters, branches, or affiliates?	10a	л	
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101	х	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	12a	X X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X X	
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	, , , , , , , , , , , , , , , , , , ,	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10		v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
200	exempt status with respect to such arrangements?	16b		
sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed AL, CO, FL, IL, KS, KY, MI, MN, NH, NJ, OH, OK			
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	)s only)	availal	ole
17 18				
	for public inspection. Indicate how you made these available. Check all that apply.			
18	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)			
	X       Own website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and the organization made its governing documents.       Conflict of interest policy, and the organization made its governing documents.	nd finan	cial	
18 19	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.       Image: Configure 1	nd finan	cial	
18	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.         State the name, address, and telephone number of the person who possesses the organization's books and records	nd finan	cial	
18 19	X       Own website       Another's website       X       Upon request       Other (explain on Schedule O)         Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.       Image: Configure 1	nd finano	cial	

Form 990 (2021)	T1INTERNATIONAL USA	84-2544817 Pa	age 7
Part VII Com	pensation of Officers, Directors, Trustees, Key Em	ployees, Highest Compensated	
Empl	oyees, and Independent Contractors		
Check	if Schedule O contains a response or note to any line in this Part	VII	
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compen	sated Employees	
1a Complete this t	table for all persons required to be listed. Report compensation for	r the calendar year ending with or within the organization's tax	year.
<ul> <li>List all of the</li> </ul>	organization's current officers, directors, trustees (whether indivi	duals or organizations), regardless of amount of compensation	۱.

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, 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.

(A) Name and title	<b>(B)</b> Average hours per	box	not c , unle	Pos heck ss per	more rson i	than o s both	n an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated shart. employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ELIZABETH PFIESTER	24.00							E0 400	42,002	2 700
EXECUTIVE DIRECTOR (2) FIONA CONNER	16.00	X		X				50,400.	42,902.	2,799.
BOARD CHAIR	1.00	x		x				0.	0.	0.
(3) ERIN WORBS	1.00	^		^				· · ·	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(4) MELISSA PASSARELLI	1.00									
TRUSTEE		x						٥.	0.	0.
(5) HEATHER ROBINSON	1.00									
TREASURER		х		x				0.	0.	Ο.
(6) KIM CARTER MARTINEZ	1.00									
TRUSTEE		х						٥.	0.	Ο.
(7) CAMERON HALL	1.00									
TRUSTEE		Х						٥.	0.	0.
(8) MATTHEW DINGER	1.00									
TRUSTEE		Х						0.	0.	0.
(9) GABI AUGUSTAMAR	0.00									
TRUSTEE		Х						0.	0.	0.
		1								
		<u> </u>								
		1								
		1								
		L								
										Form <b>990</b> (2021)

7

132007 12-09-21

#### $13330401 \ 131839 \ 053-206645$

2021.03021 T1INTERNATIONAL USA

	990 (2021) TIINTERNATION	IAL USA								84-2544	1817		Page <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	, and	d Hig	ghes	st C	ompensated Employee	s (continued)			
	(A) Name and title	<b>(B)</b> Average hours per week	box offi	, unle	Pos check ess per nd a d	more rson i	than ( is both	n an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		(F) Estima amour othe	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		ompens from organiz and rel rganiza	the ation ated
			-								+		
			-										
			-								_		
			-										
	Subtotal		1	<u> </u>					50,400.	42,90			2,799.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 50,400.	42,90	0.	:	0. 2,799.
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable			0
3	Did the organization list any <b>former</b> officer,	director truct	I					hia	when componented ampl			Yes	s No
3	line 1a? If "Yes," complete Schedule J for su	-		-	•	-		Ŭ			3		x
4	For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from th	ne organization			
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4	_	X
5	rendered to the organization? If "Yes," com										5		x
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest con										nsation	from	
	the organization. Report compensation for t (A)	ne calendar ye	ar e		iy w				(B)			(C)	
	Name and business	address	NO	NE					Description of s	ervices	Com	pensat	ion
2	Total number of independent contractors (ir	•	ot lin	niteo	d to			ted	above) who received mo	ore than			
	\$100,000 of compensation from the organiz	zation 🕨					0						

132008 12-09-21

Forn	n 990	0 (2	2021) T1IN	TERNATION	AL USA				84-254481	7 Page <b>9</b>
Pa	rt V	/111	Statement of Rev	venue						
			Check if Schedule O c	ontains a re	sponse	or note to any line				
							<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns	1	a					
ran					b					
ې و م		с	Fundraising events	1	с					
Sift:		d	Related organizations	1	d					
is, (		е	Government grants (contri	ibutions) 1	e					
er S		f	All other contributions, gifts, g							
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included		f	1,155,743.				
ut pc		g	Noncash contributions included in I		g \$		1 155 542			
Ŭ d		h	Total. Add lines 1a-1f				1,155,743.			
						Business Code				
Program Service Revenue	2	a								
Ser,		b								
S us		c d								
gra Re		e e								
Pro			All other program service r	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)							
	4		Income from investment o							
	5		Royalties			<b>&gt;</b>				
				(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a						
		b	Less: rental expenses $\dots$	6b						
		с	Rental income or (loss)	6c						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
nue			and sales expenses	7b						
evenue			Gain or (loss)	7c						
			Net gain or (loss)			▶				
Other <b>R</b>	8	а		c	of					
			contributions reported on	-						
			Part IV, line 18							
			Less: direct expenses							
			Net income or (loss) from f			····· ►				
	9	а	Gross income from gaming							
		•	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from (		nies					
		d	Gross sales of inventory, le and allowances		10a	3,376.				
		þ	Less: cost of goods sold							
			Net income or (loss) from s		···· 🖵	-	3,376.			3,376.
		-				Business Code	, .			, .
snc	11	а				1				
nue		b								
Miscellaneous Revenue		с								
lisc		d	All other revenue							
2			Total. Add lines 11a-11d							
	12		Total revenue. See instructio	ns		►	1,159,119.	0.	0.	3,376.
13200	9 12-	-09-	21							Form <b>990</b> (2021)

9 2021.03021 T1INTERNATIONAL USA

053-2061

T1INTERNATIONAL USA Form 990 (2021) T1INTERNATIONAL USA
Part IX Statement of Functional Expenses

84-2544817 Page 10

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	54 000	25 620	12 244	5 015
_	trustees, and key employees	54,000.	35,639.	13,344.	5,017
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	227 647	216 229	90 06F	20 444
7	Other salaries and wages	327,647.	216,238.	80,965.	30,444
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	24 100	2 761	20.228	101
9	Other employee benefits	24,190.	3,761.	20,328.	
0	Payroll taxes	41,042.	19,996.	17,803.	3,243
1	Fees for services (nonemployees):				
	Management	30,957.		30,957.	
b		,		· · · · ·	
	Accounting	18,132.		18,132.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		225,715.	52,256.	138,521.	34,938
	column (A), amount, list line 11g expenses on Sch 0.)	51,785.	51,785.	130,321.	54,550
2	Advertising and promotion	24,363.	51,705.	24,363.	
3	Office expenses	1,811.		1,811.	
4	Information technology	1,011.		1,011.	
5	Royalties				
6		2,957.		2,957.	
7	Travel	2,557.		2,557.	
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials	52.		52.	
9	Conferences, conventions, and meetings	52.		52.	
0	Interest				
21 2	Payments to affiliates Depreciation, depletion, and amortization				
2 3	Insurance	3,985.		3,985.	
3 4	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 0.)				
2	TRAINING & DEVELOPMENT	35,049.		35,049.	
a b		-,•			
c					
d					
	All other expenses	27,079.	24,595.	209.	2,275
е 5	Total functional expenses. Add lines 1 through 24e	868,764.	404,270.	388,476.	76,018
5 6	Joint costs. Complete this line only if the organization				,010
0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

132010 12-09-21

10 2021.03021 T1INTERNATIONAL USA Form 990 (2021)

Form 990 (		
Part X	Balance	Sheet

T1INTERNATIONAL USA

				(A) Reginging of year		(B)
—				Beginning of year		End of year
	1				1	344,648
	2	Savings and temporary cash investments $\dots$			2	
	3	Pledges and grants receivable, net			3	11,301
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any curren	t or former officer, director,			
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri			6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
۱ ۲	9	Prepaid expenses and deferred charges		14,936.	9	36,189
	10a	Land, buildings, and equipment: cost or othe				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin	ne 11		12	
	13	Investments - program-related. See Part IV, li	ne 11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e			16	392,138
	17	Accounts payable and accrued expenses		15,147.	17	23,039
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
ر م	22	Loans and other payables to any current or f				
2		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
		controlled entity or family member of any of	these persons		22	
ĭ	23	Secured mortgages and notes payable to un			23	
	24	Unsecured notes and loans payable to unrel			24	
	25	Other liabilities (including federal income tax				
		parties, and other liabilities not included on li				
		of Schedule D		55,535.	25	0
	26			70,682.	26	23,039
		Organizations that follow FASB ASC 958,				·
es		and complete lines 27, 28, 32, and 33.				
2	27			78,744.	27	369,099
	28			,	28	,
		Organizations that do not follow FASB AS				
5		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current fur	ade a		29	
Net Assets of Fund Balances	29 30	Paid-in or capital surplus, or land, building, o			30	
227	30 31				31	
21		Retained earnings, endowment, accumulated Total net assets or fund balances		78,744.	32	369,099
D	32					505,055

Form 990 (2021)

132011 12-09-21

Form	990 (2021) T1INTERNATIONAL USA	84-254481	7	Pad	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				-
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	,159	119.
2	Total expenses (must equal Part IX, column (A), line 25)	2		868,	764.
3	Revenue less expenses. Subtract line 2 from line 1	3		290,	355.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		78,	744.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		369,	099.
Pa	rt 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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	(0004)

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Namo	of	tha	organization
Name	UI.	uie	organization

Nan	Name of the organization Employer identification number								
			ERNATIONAL USA						84-2544817
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	lation because it is: (	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7		An organization that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C	complete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:							
10	X	An organization that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A supporting org					-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
С		Type III functionally inte	• •					ly integrate	d with,
		its supported organization	. , .						
d		Type III non-functionally	• • •					°.	
		that is not functionally int			•			an attentiv	veness
	_	requirement (see instruct	,	•					
е		Check this box if the orga					Туре I, Туре	II, Type III	
_		functionally integrated, or		nally integrated supportion	ng organiz	ation.			
		er the number of supported o	•						
<u> </u>		vide the following informatior (i) Name of supported	n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi Yes	ng document?	support (see in		support (see instructions)
				above (see instructions))	165				
Tota									
								_	

Schedule A	(Form	990	202
Juncaale A		000	1202

T1INTERNATIONAL USA

84-2544817

Page 2

Tage					
Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	l 170(b)(1)(A)(v	i)
the box on line 5	, 7, or 8 of Part I o	or if the organizatio	n failed to qualify (	under Part III. If the	organization
listed below, plea	se complete Part	III.)			
<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	the box on line 5 listed below, plea	the box on line 5, 7, or 8 of Part I c listed below, please complete Part	the box on line 5, 7, or 8 of Part I or if the organizatio listed below, please complete Part III.)	the box on line 5, 7, or 8 of Part I or if the organization failed to qualify used below, please complete Part III.)	

	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1	1	<u> </u>	1	1	<b></b>
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	·	,			12	
13	First 5 years. If the Form 990 is for the						
_	organization, check this box and stop						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020						%
16a	a 33 1/3% support test - 2021. If the o	•				-	k and
	stop here. The organization qualifies	. ,	•				▶∟
ł	<b>o 33 1/3% support test - 2020.</b> If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization gual	ifies as a publicly s	supported organiz	ation			

17a 10% - facts-and-circumstances test - 2021. 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 organization

b 10% -facts-and-circumstances test - 2020. 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 organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990) 2021

132022 01-04-22

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.)

Sect	ion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1 0	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")				477,032.	1,155,743.	1,632,775.
n fe a	Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				5,209.	3,376.	8,585.
а	Gross receipts from activities that are not an unrelated trade or bus-						
ir	ness under section 513						
iz	ax revenues levied for the organ- zation's benefit and either paid to						
	or expended on its behalf						
f	he value of services or facilities urnished by a governmental unit to						
t	he organization without charge						
	otal. Add lines 1 through 5				482,241.	1,159,119.	1,641,360.
	Amounts included on lines 1, 2, and						0
	B received from disqualified persons						0.
fr	om other than disqualified persons that xceed the greater of \$5,000 or 1% of the						
	mount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.) ion B. Total Support						1,641,360.
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
9 A	Mounts from line 6				482,241.	1,159,119.	1,641,360.
c	Bross income from interest, lividends, payments received on ecurities loans, rents, royalties, and income from similar sources						
bι	Inrelated business taxable income						
``	less section 511 taxes) from businesses cquired after June 30, 1975						
сA	Add lines 10a and 10b						
11 N a v	Net income from unrelated business activities not included on line 10b, whether or not the business is egularly carried on						
C	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)				482,241.	1,159,119.	1,641,360.
14 F	<b>First 5 years.</b> If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 50	01(c)(3) organizatio	٦,
	heck this box and stop here						X
Sect	ion C. Computation of Publi	c Support Per	rcentage				
<b>15</b> F	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ion D. Computation of Inves						
	nvestment income percentage for <b>20</b> nvestment income percentage from 3	-	B	ine 13, column (f))		17 18	<u>%</u>
19a 3	33 1/3% support tests - 2021. If the	organization did r				3 1/3%, and line 17	is not
n	nore than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organizat	ion	
b 3	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	re than 33 1/3%, ar	ıd
li	ne 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	top here. The orga	anization qualifies	as a publicly suppo	rted organization	<b>&gt;</b>
20 F	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check tl	his box and see inst	tructions	<b>&gt;</b>
132023	01-04-22					Schedule A	(Form 990) 2021
			15	5			

2021.03021 T1INTERNATIONAL USA

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "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")? // "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 disgualified 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.)

132024 01-04-21

13330401 131839 053-206645

1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Part IV	Supporting Org	anizations (continued)		
Schedule A	(Form 990) 2021	T1INTERNATIONAL	USA	

84-2544817 Page **5** 

Yes No

# 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control of the following persons? Image: Control of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? Image: Control of the following persons? Image: Control of the following persons? b A family member of a person described on line 11a above? Image: Control of the following person? Image: Control of the following person? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide Image: Control of the following person? detail in Part VI. Econo B. Type I Supporting Organizations Image: Control of the following person? Image: Control of the following person?

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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	

#### <u>supervised, or controlled the supporting organization.</u> Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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)	1	i	

#### 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	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organizat	tion used to satisfy the Int	tegral Part Test during the v	ear (see instructions).
•	Check the box hext to the method that the organizat		legial Fait Test during the y	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below*.

с		The organization supported a governmental entity.	Describe in Part VI how you supported	a governmental entity (see instruction <u>s).</u>
---	--	---	---------------------------------------	---

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

132025 01-04-22

2021.03021 T1INTERNATIONAL USA

Par	t V         Type III Non-Functionally Integrated 509(a)(3) Supporting	na Organiz	zations	84-2544817 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
ecti	on 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		
3	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ecti	on 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		
3	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
3	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on 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		
1	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		

Schedule A (Form 990) 2021

132026 01-04-22

Sche	dule A (Form 990) 2021 T1INTERNATIONAL USA				84-2544817	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)		
Sect	ion D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	3	3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 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) Underdistribution Pre-2021	S	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
C	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2017					
b	Excess from 2018					
C	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

Part VI	(Form 990) 2021 T1INTERNATIONAL USA		Page 8
	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, li 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ac (See instructions.)	Part V, Section B, line 1e; P	n C,
132028 01-04-2	2	Schedule A (Form	990) 2021

13330401 131839 053-206645

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

T1INTERNATION.

\*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

84-2544817

ΔТ.	USA		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one
contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots \longrightarrow$ 

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page <b>2</b>
Name of o	rganization	Em	ployer identification number
T1INTERN	ATIONAL USA		84-2544817
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,021,935	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

13310401 131839 053-206645

2 2021.03021 T1INTERNATIONAL USA 053-2061

	3 (Form 990) (2021) ganization		Page Employer identification number
lame of or	ganization		
1INTERN	ATIONAL USA		84-2544817
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
3453 11-11-	21	<sup> </sup>	

### 13310401 131839 053-206645

3 2021.03021 T1INTERNATIONAL USA 053-2061

Schedule I	B (Form 990) (2021)		Page 4					
Name of o	rganization		Employer identification number					
T1INTERN	NATIONAL USA		84-2544817					
Part III		a) through (e) and the following line entr	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
	Use duplicate copies of Part III if additional	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
·		(e) Transfer of gift						
	Transferee's name, address, a		Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
·		(e) Transfer of gift						
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

123454 11-11-21

Schedule B (Form 990) (2021)

4 2021.03021 T1INTERNATIONAL USA

Department of the Treasury	Complete	if the organization is described l	below. 🕨 Attach to	Form 990 or Form 990-EZ.	Open to Public
Internal Revenue Service		Go to www.irs.gov/Form990 for i	nstructions and the la	atest information.	Inspection
If the organization answ	wered "Yes," on	n Form 990, Part IV, line 3, or Fori	m 990-EZ, Part V, line	e 46 (Political Campaign Ac	tivities), then
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Com	plete Parts I-A and B. Do not com	olete Part I-C.		
<ul> <li>Section 501(c) (other</li> </ul>	r than section 50	01(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Part I-B.	
<ul> <li>Section 527 organization</li> </ul>	ations: Complete	e Part I-A only.			
f the organization ans	wered "Yes," on	n Form 990, Part IV, line 4, or Fori	m 990-EZ, Part VI, lin	e 47 (Lobbying Activities),	then
		nave filed Form 5768 (election und			
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	have NOT filed Form 5768 (election	n under section 501(h)	): Complete Part II-B. Do not	complete Part II-A.
f the organization answ	wered "Yes," on	Form 990, Part IV, line 5 (Proxy	Tax) (See separate ir	structions) or Form 990-E2	Z, Part V, line 35c (Proxy
Tax) (See separate inst					
• Section 501(c)(4), (5)	, or (6) organizat	tions: Complete Part III.			
Name of organization				Employ	yer identification number
	T1INTERNAT	IONAL USA			84-2544817
Part I-A Comple	ete if the org	anization is exempt under	section 501(c) o	r is a section 527 orga	anization.
•	•	ation's direct and indirect political			
		ures			
3 Volunteer hours for	political campai	gn activities			
Part I-B Comple	ete if the ora	anization is exempt under	section 501(c)(3		
		incurred by the organization under			
		incurred by organization managers			
		n 4955 tax, did it file Form 4720 fo			
					Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c)	except section 501(c)(	3)
	-	by the filing organization for secti			0).
		ization's funds contributed to othe			
			-		
		Add lines 1 and 0. Enter have and		▶\$_	
•		. Add lines 1 and 2. Enter here and	,		
		<b>1120-POL</b> for this year?			
		nployer identification number (EIN)		-	
	•	tion listed, enter the amount paid f			•
		omptly and directly delivered to a s additional space is needed, provide		, ,	segregated fund or a
•	, ,				
<b>(a)</b> Name	9	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization.
					If none, enter -0

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

Schedule C (Form 990) 2021

OMB No. 1545-0047

2021

132041 11-03-21

SCHEDULE C

(Form 990)

#### 25 2021.03021 T1INTERNATIONAL USA

		ATIONAL				544817	Page <b>2</b>
Part II-A Complete if the org	anizatio	n is exer	npt under sectio	n 501(c)(3) and file	d Form 5768 (ele	ction und	ler
section 501(h)).			,	<b>-</b>			
			• • •	n Part IV each affiliated g	group member's name	e, address, E	:IN,
expenses, and shar			• •				
B Check ► if the filing organiza	tion check	ed box A ar	nd "limited control" pr	ovisions apply.	( ) ===	(1.). A (2011) .	
Limit	ts on Lobi	oying Expe	nditures		(a) Filing organization's	(b) Affiliate tota	
(The term "expend	litures" m	eans amou	ints paid or incurred.	)	totals	1012	10
<b>1a</b> Total lobbying expenditures to influ	ience publ	ic opinion (	arassroots lobbying)		10,524.		
<b>b</b> Total lobbying expenditures to influ					4,291.		
c Total lobbying expenditures (add lin					14,815.		
d Other exempt purpose expenditure					777,931.		
e Total exempt purpose expenditures					792,746.		
f_Lobbying nontaxable amount. Ente					143,912.		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable an	nount is:			
Not over \$500,000		20% of	the amount on line 1e				
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	cess 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 (en	ter 25% of	line 1f)			35,978.		
<b>h</b> Subtract line 1g from line 1a. If zero	o or less, e	nter -0-			0.		
i Subtract line 1f from line 1c. If zero				-	0.		
j If there is an amount other than zer		r line 1h or	line 1i, did the organiz	ation file Form 4720	F		
reporting section 4911 tax for this	year?				L	Yes	No
(O			eraging Period Under	• •			
(Some organizations the			ate instructions for li	•	r the five columns be	IOW.	
			nditures During 4-Ye				
Calendar year (or fiscal year beginning in)	(a) :	2018	<b>(b)</b> 2019	(c) 2020	<b>(d)</b> 2021	(e) ⊺	otal
2a Lobbying nontaxable amount				72,771.	143,912.	2	216,683.
<b>b</b> Lobbying ceiling amount							
(150% of line 2a, column(e))							325,025.
				125.	14 015		14 940
c Total lobbying expenditures				125.	14,815.		14,940.
d Grassroots pontavable amount				18,193.	35,978.		54,171.
d Grassroots nontaxable amount e Grassroots ceiling amount							
(150% of line 2d, column (e))							81,257.
							_,
f Grassroots lobbying expenditures				29.	10,524.		10,553.
			1			lo C (Eorm	

Schedule C (Form 990) 2021

132042 11-03-21

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(t	(b)	
	e lobbying activity.	Yes	No	Amo	ount	
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: Volunteers?					
h	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
	Media advertisements?					
d	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
с	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par						
Provi	de 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, li	nes 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

Department of the Treasury

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



#### Ν

Interna	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest informatior	i	Inspection
Nam	e of the organizati				r identification number
Pa		T1INTERNATIONAL USA	d Funds or Other Similar Funds or A		84-2544817
Fai		n answered "Yes" on Form 990, Part IV, lin		iccounts.	Complete if the
	0.94		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year		(12) - 01102 011	
2		f contributions to (during year)			
3		f grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fu	nds	
•	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used		
			r donor advisor, or for any other purpose confe		
	impermissible priv	ate benefit?			Yes No
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (for example, recrea	tion or education) 🛛 🗌 Preservation of a his	torically impo	rtant land area
	Protection o	f natural habitat	Preservation of a ce	rtified historic	structure
	Preservation	n of open space			
2			ied conservation contribution in the form of a c		
	day of the tax year				at the End of the Tax Year
а				2a	
b	•				
С			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure		
•				2d	- 11 1
3		vation easements modified, transferred, rei	eased, extinguished, or terminated by the orga	nization during	g the tax
4	year	 where property subject to conservation eas	sement is located		
5		tion have a written policy regarding the per			
Ũ		orcement of the conservation easements it			Yes No
6			handling of violations, and enforcing conservat		
-	•	с, т с,	5		5 ,
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation e	asements dur	ing the year
	►\$				0
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(	3)(i)	
	and section 170(h)	)(4)(B)(ii)?			Yes No
9			on easements in its revenue and expense state		
	balance sheet, and	d include, if applicable, the text of the footr	note to the organization's financial statements t	hat describes	the
D.	organization's acc	ounting for conservation easements.		0	• •
Pa			Art, Historical Treasures, or Other	Similar As	sets.
		f the organization answered "Yes" on Form			
1a	-		8, not to report in its revenue statement and ba		
			blic exhibition, education, or research in further	ance of public	
	71		ncial statements that describes these items.		1
b	-		8, to report in its revenue statement and balan		
			exhibition, education, or research in furtheran	se oi public se	ervice,
	-	ing amounts relating to these items:		•	
2	.,		asures, or other similar assets for financial gain		
2		unts required to be reported under FASB A		, provide	
а	-			▶ \$	
	Assets included in			► ♥	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

053-2061

28 2021.03021 T1INTERNATIONAL USA

Sche	dule D (Form 990) 2021 T1INTERNAT:							84-254		P	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, checł	k any of the	following tha	t make sig	nificant u	ise of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange progr	am					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	pllections and explain	n how th	ney further th	ne organizatio	on's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations (	of art, hi	storical treas	sures, or othe	er similar a	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	on answered	"Yes" on I	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contribution	s or other as	sets not ir	ncluded				
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	table:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabilit	y?		Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Parl						
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held ar	nd administe	red for the	e organiza	tion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IN	/, line 11a. S	See Form 990	), Part X, I	ine 10.				
	Description of property	(a) Cost or c		. ,	t or other		cumulate	d	<b>(d)</b> Boo	k valu	е
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other							-			
Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, colur	<u>nn (B), line 1</u>	0c.)						0.
							:	Schedule	D (Forn	n 990)	2021

13330401 131839 053-206645

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		·	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	· · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.)		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
Image: Construction of liability	, ,		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(7) (8)			
(0) (9)			
	25 \		
<b>Total.</b> <i>(Column (b) must equal Form 990, Part X, col. (B) line</i> <b>2.</b> Liability for uncertain tax positions. In Part XIII, provide			hat reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2021

132053 10-28-21

13330401 131839 053-206645

Schedule D (Form 990) 2021 T1INTERNATIONAL USA

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Sche	dule D (Form 990) 2021 T1INTERNATIONAL USA		84-254481	Page <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,159,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,159,119.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			1,159,119.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expe	enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	868,764.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			868,764.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			868,764.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

T1INTERNATIONAL USA QUALIFIES AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATUTES OF

MINNESOTA LAW. ACCORDINGLY, INCOME TAXES HAVE NOT BEEN RECORDED IN THE

FINANCIAL STATEMENTS.

THE ORGANIZATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT REQUIRE

RECOGNITION UNDER APPLICABLE ACCOUNTING GUIDANCE.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### 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.



Employer identification number 84-2544817

T1INTERNATIONAL USA

FORM 990, PART VI, SECTION A, LINE 8B:

BOARD MEETING MINUTES ARE RECORDED BY THE OPERATIONS MANAGER IN REAL TIME

AND LATER SHARED OUT WITH THE BOARD OF TRUSTEES. THE BOARD DOES NOT HAVE

COMMITTEES.

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, HER 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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 32 Schedule O (Form 990) 2021

2021.03021 T1INTERNATIONAL USA

Schedule O (Form 990) 2021
----------------------------

Name of the organization

T1INTERNATIONAL USA

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

NATIONAL AND EXECUTIVE DIRECTORS. 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 2021.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,CO,FL,IL,KS,KY,MI,MN,NH,NJ,OH,OK,OR,SC,TN,VA,WV,GA

FORM 990, PART VI, SECTION C, LINE 19:

#### CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE ON

THE T1INTERNATIONAL WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL SERVICES:

PROGRAM SERVICE EXPENSES	52,256.	
MANAGEMENT AND GENERAL EXPENSES	138,521.	
FUNDRAISING EXPENSES	34,938.	
TOTAL EXPENSES	225,715.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	225,715.	

33

132212 11-11-21