

Form 99	D
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

	Do not enter social security number	s on this form as it may be made public.
	Go to www.irs.gov/Form990 for in	nstructions and the latest information.
d	dar year, or tax year beginning	and ending

2023
Open to Public
Inspection

ΑΙ	For th	e 2023 calendar year, or tax year beginning	and	d ending		
B	Check if applicab	C Name of organization			D Employer identified	cation number
	Addre	TRANSFAIR USA				
	Name		USA		41-18480	81
	Initial			Room/suite		
	Final returr	360 CRAND AVE		311	510-663-	
L	termii ated		ZIP or foreign postal code	1	G Gross receipts \$	20,049,420.
	Amer	ded OAKLAND CA $9/610 - 18/$			H(a) Is this a group re	
	Appli tion	F Name and address of principal officer: PAU	JL RICE		for subordinates	
	pendi	^{ng} SAME AS C ABOVE			H(b) Are all subordinates in	
1	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 🗌 4947(a)(1)	or 🚺 527	If "No," attach a	list. See instructions
	Websi		.ORG		H(c) Group exemptio	n number
K	Form o		ssociation 🗌 Other	L Year	of formation: 1996	A State of legal domicile: MN
Pá	art I	Summary				
đ	1	Briefly describe the organization's mission or most				
Š		INTEGRATES A COMPREHENSIV	E SET OF ECONOM	IC, EN	VIRONMENTAL,	AND
Governance	2	Check this box if the organization disco	ontinued its operations or dispo	sed of more		
Ň	3	Number of voting members of the governing body				9
		Number of independent voting members of the go				8
Activities &	5	Total number of individuals employed in calendar				127
ivit	6	Total number of volunteers (estimate if necessary)				9
Act	7a	Total unrelated business revenue from Part VIII, co				0.
	b	Net unrelated business taxable income from Form	<u>990-1, Part I, line 11</u>	<u></u>		Current Year
					2,849,158.	492,530.
ne	8				22,280,407.	19,376,487.
Revenue	9 10		and Zd)		22,200,407.	151,577.
Be	11	Investment income (Part VIII, column (A), lines 3, 4 Other revenue (Part VIII, column (A), lines 5, 6d, 8d			0.	28,826.
	12	Total revenue - add lines 8 through 11 (must equal			25,129,565.	20,049,420.
	13	Grants and similar amounts paid (Part IX, column			8,000.	12,000.
	14	Benefits paid to or for members (Part IX, column (0.	0.
6	40	Salaries, other compensation, employee benefits (15,626,893.	15,426,346.
Expenses	16a	Professional fundraising fees (Part IX, column (A),			0.	0.
per	. ь	Total fundraising expenses (Part IX, column (D), lin		63.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d			8,146,903.	6,822,411.
	18	Total expenses. Add lines 13-17 (must equal Part	IX, column (A), line 25)		23,781,796.	22,260,757.
	19	Revenue less expenses. Subtract line 18 from line	12		1,347,769.	-2,211,337.
OC OC	20 21 22			B	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			17,798,832.	14,293,733.
tAs	21				3,650,286.	2,356,524.
	22	Net assets or fund balances. Subtract line 21 from	1 line 20		14,148,546.	11,937,209.
	art II	Signature Block				
		alties of perjury, I declare that I have examined this return				knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than offic	er) is based on all information of w	nich preparei	r has any knowledge.	
.		Signature of officer			Date	
Sig		JOSE CARLOS RUIZ, CFO			Date	
Her	re	Type or print name and title				
			Droporor's signature		Date Check	PTIN
Paie	h	Print/Type preparer's name QI WEN LIANG	Preparer's signature QI WEN LIANG		L1/06/24	
	u parer	Firm's name MOSS ADAMS LLP				1-0189318
	Only	Firm's address 101 SECOND STREET	SUITE 900			<u> </u>
	J		20222 200			

	SAN FRANCISCO, CA 94105	Phone no.	415-956-1500
May the IRS d	discuss this return with the preparer shown above? See instructions	·	X Yes No
LHA For Pap	perwork Reduction Act Notice, see the separate instructions.	332001 12-21-23	Form 990 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2023) TRANSFAIR USA	41-1848081 F
Pa	rt 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:	
	FAIR TRADE USA IS BUILDING AN INNOVATIVE MODEL OF	
	BUSINESS, CONSCIOUS CONSUMERISM, AND SHARED VALUE	TO ELIMINATE POVERTY
	AND ENABLE A SUSTAINABLE DEVELOPMENT FOR FARMERS,	WORKERS, THEIR
	FAMILIES, AND COMMUNITIES AROUND THE WORLD.	
2	Did the organization undertake any significant program services during the year which were not lis	sted on the
	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	
2	Did the organization cease conducting, or make significant changes in how it conducts, any progr	ram services?
3		
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloc	cations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a		0.) (Revenue \$ 8,137,78
	FOR YEARS, THE FAIR TRADE CERTIFIED PROGRAM HAS D	
Part	OUR RIGOROUS STANDARDS, FAIR TRADE COMMUNITY DEVE	LOPMENT FUNDS, AND
	MINIMUM PRICE GUARANTEES. THESE MECHANISMS HAVE B	BEEN CRITICAL TO
	PROTECTING WORKERS, DRIVING FINANCIAL STABILITY,	AND ENABLING
	COMMUNITIES TO MAKE LIFE-CHANGING INVESTMENTS. AS	IMPACTFUL AS THESE
	STRATEGIES HAVE BEEN, THEY ARE NOT ENOUGH TO ERAD	
	TRANSFORM GLOBAL SUPPLY CHAINS. ENGAGING CONSUMER	
	BRANDS THAT SELL FAIR TRADE CERTIFIED PRODUCTS AN	
	SHOPPERS ABOUT WHY AND HOW TO REWARD ETHICAL SOUR	
	CONSUMER AWARENESS AND THOUSANDS OF CERTIFIED PRO	-
	IN 2023 FAIR TRADE LAUNCHED A COFFEE INNOVATION I	
	WITH WORLD-CLASS CONSULTANTS AT IDEO.ORG AND AN I	•
4b		0.) (Revenue \$ 4,402,67
	IN 2023 WE MADE SIGNIFICANT PROGRESS IN OUR TECHN	
	TRANSFORMATION, INNOVATING OUR TOOLS AND PROGRAMS	
	GROWTH AND IMPACT AT SCALE. PART OF THIS INCLUDED	
	FACTORY PROGRAM, WHICH LED TO A DRAMATIC INCREASE	
	JOINING OUR CERTIFICATION. IN 2023, AS WE CONTINU	JE TO INVEST IN GROWIN
	AND SCALING OUR MODEL, THE FAIR TRADE CERTIFIED F	ACTORY PROGRAM HAS
	BEEN A CRITICAL FOCUS. THESE INVESTMENTS HAVE ENA	BLED THE PROGRAM TO
	EXPAND ITS IMPACT SIGNIFICANTLY, PARTICULARLY WIT	HIN THE BEAUTY
	INDUSTRY, WHERE WE HAVE SUCCESSFULLY CERTIFIED A	
	FACILITY. BY THE END OF 2023, WE HAVE A TOTAL OF	
	CERTIFIED FACTORIES LOCATED IN 20 COUNTRIES AROUN	
	GROWTH BUILDS ON OUR STRONG IMPACT AND MARKET EXP	
4C	(Code:) (Expenses \$3, 299, 525. including grants of \$ RIGOROUS STANDARDS ARE HOW WE FULFILL OUR MISSION	
	PARTNERSHIPS FOUNDED ON TRANSPARENCY, FAIRNESS, A	
4c	EMPOWERMENT. IN ADDITION TO OUR ROBUST STANDARDS,	
	IN MULTIPLE COMMODITIES, OUR STEPPED APPROACH TO	•
4c 4d	UNPARALLELED IN-FIELD SUPPORT SERVICES ARE SOME C	
	PRODUCER PARTNERS CHOOSE FAIR TRADE CERTIFIED. OU	IR IMPACT MODEL
	PROTECTS HUMAN RIGHTS, ENABLES SUSTAINABLE LIVELI	HOODS FOR FARMERS,
	FISHERS, AND WORKERS, AND CREATES MORE RESILIENCY	IN BOTH COMMUNITIES
	AND SUPPLY CHAINS. MORE THAN \$1 BILLION IN FINANC	
	DELIVERED TO PRODUCER COMMUNITIES. IN AGRICULTURE	
	MADE A BIG COMMITMENT TO THE VERIFICATION OF RESP	
	PRACTICES, AS THIS IS ESSENTIAL FOR ELIMINATING L	
	· · · · · · · · · · · · · · · · · · ·	NDOV IVALITOVING IN
4d	Other program services (Describe on Schedule O.)	2 100 000
	(Expenses \$ 2,642,039. including grants of \$ 12,000.) (Revenue \$	3,198,926.)
4e	Total program service expenses 17,318,071.	
		Form 990
3200	SEE SCHEDULE O FOR CONTINU	JATION(S)
	3	
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Form	aan	(2023)
FOITH	990	(2023)

Form 990 (2023) TRANSFAIR USA
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(k)0 or 4947(k)1 (other than a private foundation)? 1 X 2 Is the organization required to complete Schedule <i>P</i> , Schedule <i>C</i> Contributors? See instructions 3 X 3 Did the organization reques in table to indirect or index political campaign anothers on two a section 50(h) election in effect of micro transmits political campaign anothers on the set and the organization regular in table to indirect or indirect political campaign anothers on the set assection 50(h) election in effect of micro transmits political campaign anothers on the set assection 50(h) election in effect of micro transmits political campaign anothers on the set assection 50(h) election in effect of micro transmits on table of the organization matrix and thanks or accounts for which dorons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which dorons have the right to provide advice on the distribution or investment of amounts in such funds or accounts? 7 X 9 Did the organization matrix on electrons of works of att, historical trassure, or other similar asset? 7 X 9 Did the organization reprove an amount in Park X, line 21, for escow or cutodial account labelity, serve as a cutodian for amount in Park X, line 21, Park III 9 X 10 Did the organization reprove an amount in Park X, line 21, or escow or cutodial account labelity in englity another site of a mount in Park X, line 12, or englity and the park X or provide condity another site organization site organization report an a				Yes	No
2 Is the organization engine in direct or indirect political campaign activities on behalf of or inceposition to candidates for public office? If "Ves," complete Schedule Q, Part I 3 X 3 Det the organizations and the organization engine in lobbying activities, or have a section 501(b) election in effect during the tay ward If "Ves," Complete Schedule Q, Part I 3 X 4 He organization action 501(b) election in effect during the tay ward If "Ves," Complete Schedule Q, Part I 4 X 5 It the organization action 501(b) election in effect during the tay ward If "Ves," Complete Schedule Q, Part II 5 K 6 Det the organization maintain any donra advised funds or any similar funds or accounts? If "Ves," complete Schedule Q, Part II 6 X 7 Det the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule Q, Part II 7 X 8 Det the organization maintain collections of works of at, historical treasures, or other similar assets? If "Yes," complete Schedule Q, Part II 7 X 9 Det the organization, directly or through a related organization, indication services? 9 X 10 Det the organization answer to any of the following questions is "Yes," then complete Schedule Q, Part II 10 X 11	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the organization regage in direct or middler policial campaign activities on behalf of or in opposition to candidates for public official (M Yes), "complete Schedule D, 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 diminish amounts as defined in Rev. Proc. Be 107. If Yes, "complete Schedule D, Part II 4 X 5 In the organization astaction and/or any similar induces or accounts? If Yes, "complete Schedule D, Part II 5 X 6 Did the organization method and core any similar induces or accounts? If Yes, "complete Schedule D, Part II 5 X 7 Did the organization method accounce similar assets? If Yes, "complete Schedule D, Part II 8 X 9 Did the organization method accounce similar assets? If Yes, "complete Schedule D, Part II 8 X 10 Did the organization increture or through a related organization, hold assets in donor-restricted endowments or in quasie monthorment? "Yes, "complete Schedule D, Part II 8 X 10 Did the organization asourt to relate display. Jun Bart J, Inte 17 / Tes, "complete Schedule D, Part II 10 X 11 The organization indicate and much for display and equipment in Part X, line 127. If Yes, "complete Schedule D, Part II 10 X					
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 50(16)(3) cognizations. Dith or organization engage in lobbying activities, or have a section 50(1/h) election in effect 4 X 5 In the organization a section 50(1/c)(5) 501(c)(5) organization that receives membership duss, assessments, or similar amounts as defined in Rev. Proc. 98:197 If 'Yes,' complete Schedule C, Part II 6 X 6 Did the organization receive or hold a conservation essement, including essements to preserve open space. 7 X 7 Did the organization receive or hold a conservation essement, including essements to preserve open space. 7 X 8 Did the organization receive or hold a conservation essement, including essements to preserve open space. 7 X 9 Did the organization maintain collections di voris of at, historical treasures, or taboris di transcription service? 9 X 9 Did the organization directly or provide cradit consensition, dial account fability, serve as a custodian for amounts not intered in Part X, ine 21, for server or custodial account fability, serve as a custodian for amounts not include organization, necesses in Part X, ine 11, ine 12, that is 5% or more of its total assets in ordination service? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of	2		2	Х	
4 Section 501(c)(3) organizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? in "Yes," complete Schedule C, Part II 4 X 5 Is the organization a section 501(h), 501(k), 501(3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes,* complete Schedule Q, Part II 4 X 5 is the organization a section Strol(4), 601(4),			3		X
5 Is the organization a section 501(c)(4) 501(c)(5) or 501(c)(6) organization that recoives membership dues, assessments, or similar amounts as defined in Rev. Proc. 56157 if 'Yes,' complete Schedule C, Part II 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 II 6 X 7 Did the organization maintain any donor advised funds or any similar funds or accounts? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization maintain cellutions of works of art, historical treasures, or other similar asset? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, for acrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit regar, or debt negotiation services? 9 X 10 Did the organization report an amount for hard, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10, Part V 10 X 11 If the organization report an amount for investments - order accutation in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 10' H 'Yes,' complete Schedule D, Part X 10 X 12 Did the or	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
assisting amounts as defined in Rev. Proc. BB197 (# Yes," complete Schedule Q, Part II 5 X 6 Did the organization maintain any door 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 for which donors have the right to the environment, historic larges, or holdres structures? (# Yes," complete Schedule D, Part II 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? (# Yes," complete Schedule D, Part II 7 X 8 Did the organization, report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts no tisted in Part X, or provide careful consulting, debt management, credit repair, or debt negatiaton service? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? II * Yes," complete Schedule D, Part V 11 X 11 Did the organization report an amount for investments - organe related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 /I * Yas," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16		during the tax year? If "Yes," complete Schedule C, Part II	4		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 of investment of anounts in such funds or accounts? <i>II "Yes," complete Schedule D, Part II</i> 6	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic ind areas, or historic structures? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts no listed in Part X, ves," complete Schedule D, Part IV 8 X 10 Did the organization, directly or through a related organization, hold asset in donor restricted endowments 9 X 11 H dre organization report an amount for levestments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 12 D dth te organization report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 13 D dth te organization report an amount for investments - order and tx, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 14 D dth eorganization oreport an amount for other		similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization maintain collections of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, ine 21, for escrow or custodial account liability; serve as a custodian for anounts not listed in Part X, or provide credit counseling, debt management, oredit repair, or debt negotiation services? 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 report an amount for lowing questions is 'Yes," then complete Schedule D, Part SV, VII, VIII, VIII, X, or X, as applicable. 11 X 10 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - program related financial statements for the tax year of its total assets reported in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X 2 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VI 11a X 11a <t< th=""><td>6</td><td></td><td></td><td></td><td></td></t<>	6				
the environment, historic land areas, or historic structures? If Yres, "complete Schedule D, Part II		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H</i> *Yes, * complete Schedule D, Part III 8 X 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? 9 X 10 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 D. Part V. 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12? If *Yes, * complete Schedule D, Part V. 11a X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If *Yes, * complete Schedule D, Part V. 11a X 13 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If *Yes, * complete Schedule D, Part X. 11a X 14 X Did the organization report an amount for threastmets - program related in Part X, line 13? If *X = complete Schedule D, Part X. 11a X 110 Did the organization report an amount for other assets in Part X, line 15? If *Yes, * complete Schedule D, Part X. 11d X 111 X Did the organization in sobation super Fit A las (SS 7 If *Yes, * comp	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 12, line 24, nessen w 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? 9 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If Y'es, "complete Schedule D, Part V 10 X 11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If Y'es, "complete Schedule D, Part V 10 X 11 If the organization report an amount for ind, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 // Y'es, "complete Schedule D, Part V 11a X 12 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 // Y'es, "complete Schedule D, Part X 11a X 13 Did the organization report an amount for the reassets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 // Y'es, "complete Schedule D, Part X 11d X 14 Did the organization report an amount for the resatistin Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 // Y'es, "complete Schedule D, Part X 11d X </th <td></td> <td>the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II</td> <td>7</td> <td></td> <td>X</td>		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-iendowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X 14 Did the organization report an amount for other labilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d X 15 Did the organization report an amount for other labilities in Part X, line 15; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 16 Did the organization sinchy ouncentant as repositions under TIV4 8 (ASC TAOP) If "	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
9 Did the organization report an amount in Part X, line 21, for secrow 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 negatiation services? y 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-iendowments? y X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part V 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part VII 11 X 13 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part VII 116 X 14 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part VII 116 X 14 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes, 'complete Schedule D, Part X 116 X 15 Did the organization report an amount for other liabilities in Part X,		Schedule D, Part III	8		X
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, VX, or X, as applicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 11 X 11 11 X 10 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 11 X 11 Did the organization report an amount for threestments - program related in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 11 X 11 Did the organization separate or consolidated financial statements for the tax year include a foother tad adresses the organization standard position under FIN 44 (ASC TAV)? If "Yes," complete Schedule D, Part X 114 X 12a Did the organization consolidated, independent audited financial statements for the tax year? 114 X 12a X 114 X 114 X	9				
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. 10 X 2 Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI 11 X 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 X 2 Did the organization report an amount for investments - orgram related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 2 Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 2 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 11 X 12 Did the organization aspearate, independent audited financial statements for the tax year? 11 X 13 SX 14 X 11 X 14 Did the organi		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
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 Form 990 (2023)
 TRANSFAIR
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 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	<u> </u>
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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	0.4		
ام	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		<u> </u>
		24d		<u> </u>
258	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
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		<u> </u>
D.	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354	- 23	<u> </u>
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
00	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	38	х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 24			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. La L27 L		990 (2023) TRANSFAIR USA 41-18480	081	P	_{age} 5
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tas Statements. 12.7 b I at least one is reported on line 2a, did the organization file all required fedeal emotyment fax returns? 2b X a Did the organization have undertab basiness grows income of 51.000 more during the year? 3b X b I Yas, ' has if field a Form 980-7 for this year? / 'No' to line 3b, provide an explanation or Schedulo 0 3b X a All any time during the calendar year, did the organization that we may the during the schedular of the regulation of the organization and the interest in, or a signiture or other authority over, a financial account is a forming on contry (buch as a bank account, securities securit, or other financial accounts (FBAP), 5a X b I Yas, ' inste the rame of the torganization that was or is a party to a prohibitod tax shells transcale or a prohibitod tax shells transcaledor? 5a X b D dary tasabal gray notify the organization that are normality inpreser than \$100,000, and did the organization acid tax or a sampty to a prohibitod tax shells transcale contributions or gifts were not tax deductible? 7a X b I Yas, ' idda the organization tax the are normality inpreser than \$100,000, and did the organization acid was a party to a services provided to the organization acid was a sampt to a services provided to the organization acid was a sampt to a service provide of the organization acid was a sampt to a service provide of the organization scite wase a sampt the use orastid acid acid was the appreservice	Fai	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		Vee	
Iteration the calendary year ending with or within the year covered by this return 12.0 X 3b Diff the cognitation to itera product on lines. 2, did the organization feature analysing the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is flow 1500 (76 this year)? 3b X 4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account is flow 1500 (76 this year)? 4a X 5b 11 * vec, 'return the name of the teoring country with the during the tax year? 4a X 5b Van the organization a party to a prohibed tax shells transaction at the axy the during the taxy year? 5a X 5b 0 during value party notify the organization the organization 16 form 1088-17 5a X 5c 0 during value party notify the organization the most share that as 100,000, and did the organization for 6ther and party the count part than \$100,000, and did the organization for 6ther angle and the organization for 6ther angle and the organization for 6ther angle and the organization for 6ther angle angle and than 300,000, and did the organization for 6ther angle	2a	Enter the number of employees reported on Form W-3 Transmittal of Wage and Tax Statements		res	NO
b If a least one is reported on the 2a, did the organization the all required fedeal employment tax returns? 2b X 3a Did the organization have unique the organization have minime of \$1,000 or more during the year? 3b X 4a At any time during the calendar year, did the organization have minimest in or a signiture of other allincity over, a dimension of thild regulated business growth sectority. 3b X b If "Yes," inter the name of the foreign country (such as a bark account; sectority country as a bark business growth of foreign Bank and Financial Accounts (FEAR). 5c X 56 Was the organization that are normal grows recipits that are on ranking greater than \$100,000, and did the organization tas of a did the organization tas and anal grows recipits that are normally greater than \$100,000, and did the organization are simular grows recipits that are normally greater than \$100,000, and did the organization tas' more tax deductable as charitable contributions or gits 6b b If "Yes," if did the organization tast are normally greater than \$100,000, and did the organization necessity apprentil is eases of \$55 fanita party as a contribution an grow recipits that as count and party for prodes and services provided to the party of the date and the organization tas' and that account setting the apprentil is eases of \$55 fanita party as a contribution an growtice party tast organization necessity apprentil is eases of \$55 fanita party as a contribution and party for prodes and services provided to the party of the organization necessity apprentil is eases of \$55 fanii party as a contrinter tast and than and the	Zu				
a) Did the organization have unrelated basiness gross income of \$1,000 er more during the yea? 3a X b) If ''''s, '''''''''''''''''''''''''''''''	b	, , , , ,	2b	Х	
b If "Yes," has it field a Form 900-T for this year? if "No" to ine 3b, provide an sequence on an Scheduke O 3b 4 At any time during the calendary year, did the organization have an interest in, or a signature or other submity over, a 4a 5 Wast the organization take an interest in, or a signature or other submity over, a 5a 6 If "Yes," to the heare of the foreign country 5a 5 Wast the organization take and the vaso or is a park to a prohibitical tak was or is a park to a prohibitical tak was or is a park to a prohibitical tak suber transaction? 5a 5 Did any taxable park notify the organization that was or is a park to a prohibitical tak suber transaction? 5a 6 Costs the organization have annual gross receipts calculation as express statement that such contributions or gifts were not tax deductible? 5a 7 Organization sub take receive deductible contributions under section 170(c). 6b 5b 10 If "Yes," indicate the number of Form 8282 filed during the year 7d 7 7 Organization receive a contribution and park for pools and services provided to the park of the organization number of proms 8282 filed during the year 7d 7 7 Did the organization number of Forms 8282 filed during the year 7d 7 X 7 Did the organization number of Forms 8282 filed during the year 7d 7 X 11 <t< td=""><td></td><td></td><td></td><td></td><td>Х</td></t<>					Х
4 A Aray time during the calendary year, diff the organization have an interest in, or a signature or their authority ore; a failed framework in the calendary year, diff the organization for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5a 5a X 5b 1"Yes," enter the name of the foreign country (such as the sheet transaction at any time during the tax year? 5a X 5a 1"Yes," ontoin the organization in from 888e 17" (from 888e 17") 5a X 5b 1"Yes," ontoin the organization in from 888e 17" (from 888e 17") 5a X 5b 1"Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles ontributions and ever as a chartable contributions or gifts were not tax deductibles on chribuitons under section 170(c). 7a X 6 1"Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles on thribuitons under section 170(c). 7a X 7b 10 the organization notify the donor of the value of the good or services provided? 7a X 7b 10 the organization notify the donor of the value of the good or services provide? 7a X 7c 10 the organization notify the donor of the value of the good or services provide? 7a X <td< td=""><td></td><td></td><td>3b</td><td></td><td></td></td<>			3b		
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Sa Dot any travable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Sa Does the organization have annual gross receipts that are normaly greater than \$100,000, and did the organization sector analy greater sector 170(c). 5e B If Yes, "id the organization make access of \$75 made party is a contributions and party for goods and services provided to the payor? 7a X. B If Yes, "id the organization neity the donor of the value of tangibite personal property for which it was required to the Form 8282? 7d 7d 7d B If Yes, "id the organization neity, datage, or otherwise dispose of tangibite personal property for which it was required to the Form 8282? 7d		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Sa X b Old any taxable party notify the organization that was or is a party to a prohibited tax shelter transaction? Sb X c Dises the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that ween totta deductible contributions under section 170(c). Sa Sa a Dise the organization include with weey solicitation an express statement that such contributions or gits ween of tax deductible? Sa X b If "Yes," did the organization onclify the donor of the value of the goods or sarvices provided? Ta X c Did the organization nocity the donor of the value of the goods or sarvices provided? Ta X d If "Yes," did the organization nocity or dimertity, to pay premiums on a personal benefit contract? Te X d If "Yes," indicate the number of Forms 8282? Hield during the year Td Td X g If the organization receive da contribution of qualified intellectual property, did the organization file argument the dones of box a bods, anglenes, or other visioles, did the organization file argument the done argument argu	b				
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If "Yes," complete Form 6069.	.,		17		
332005 12-21-23 Form 990 (2023)	332005		Form	990	(2023)

Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for	a "No" i	respon	se
	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			
		<u>م</u>	Yes	No
1a		9		
	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.	0		
	3	8		
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			v
	of officers, directors, trustees, or key employees to a management company or other person?			X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			л Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		
7a				
	more members of the governing body?	<u>7a</u>		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?		X X	
-	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			
200	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?		X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>CA, MN</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	CARLOS RUIZ - 415-840-4116			
	360 GRAND AVE. #311, OAKLAND, CA 94610-4840			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
	Employees, and Independent Contractors								
	Check if Schedule O contains a response or note to any line in this Part VII								
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
	te this table for all persons required to be listed. Report compensation for the calendar year ending with o Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardle	0	,						

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Name and thie Average hours per week fight any hours for week included One per metaded organization below Description metaded organization from below Reportable compension from organization Estimated and compension from the organization Estimated and compension from the organization Estimated and compension from the organization (1) FAUL RICE 40.000 x x 406,526. 0.33,687. (2) LAWRENCE RUFF 40.000 x x 289,463. 0.45,506. (3) LEILANT LAFTMER 40.000 x 289,463. 0.45,506. (4) JEANNE MAREFILM OFFICER 40.000 x 289,463. 0.45,506. (4) JEANNE MAREFILM VI1/23 x 289,463. 0.45,506. (4) JEANNE MAREFILM VI1/23 x 281,645. 0.37,600. (5) TAMM HERMANN 40.000 x 291,205. 0.11,913. (6) OBE CLAGO RUIZ 40.000 x 217,370. 0.29,762. (8) DE DE CLAGO RUIZ 40.000 x 217,370. 0.29,762. (1) MARIA POFE 40.000 x 217,446. 0.19,020. (10) LEELLE SIMENDARY	(A)	(B)	(C)					(D)	(E)	(F)	
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(4) JEANNE-MARIE RYAN 40.00 X 284,645. 0. 37,600. (5) TAMMY HERMANN 40.00 X 291,205. 0. 11,913. (6) JOSE CARLOS RUIZ 40.00 X 291,205. 0. 11,913. (6) JOSE CARLOS RUIZ 40.00 X 291,205. 0. 11,913. (7) MAGALI TRANIE 40.00 X 257,672. 0. 30,244. (7) MAGALI TRANIE 40.00 X 217,370. 0. 29,762. (8) MEAGAN SIDDIQUI 40.00 X 215,273. 0. 27,749. (9) MATT POPE 40.00 X 217,346. 0. 19,020. (10) LESLIE SIMMONS 40.00 X 217,446. 0. 19,020. (11) MARIA PARECIDA DIAS DE COSTA 40.00 X 167,334. 0. 23,064. (11) MARIA PARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLETT 40.00 X 162,411. 0. 16,369. (13) ABBY AYBES 40.00 X 83,797. 0. 0. 0. SENICA DIRECTOR, PRECHA (AS OF 09/23) X 83,797. 0. 0. 0. 0.	(3) LEILANI LATIMER	40.00									
HEAD OF PEOPLE & CULTURE (THRU 11/23 X 284,645. 0. 37,600. (5) TAMMY HERMANN 40.00 X 291,205. 0. 11,913. (6) JOSE CARLOS RUIZ 40.00 X 291,205. 0. 11,913. (7) MAGAL TRANIE 40.00 X 257,672. 0. 30,244. (7) MAGAL TRANIE 40.00 X 217,370. 0. 29,762. (8) MEAGAN SIDDIQUI 40.00 X 215,273. 0. 27,749. (9) MATT FOPE 40.00 X 217,446. 0. 19,020. (10) LESLIE SIMMONS 40.00 X 167,334. 0. 23,064. (11) MART APARECIDA DIAS DE COSTA 5 X 170,765. 0. 7,847. (12) MAURIN TRIPLETT 40.00 X 162,411. 0. 16,369. (13) ABEY AYERS 40.00 X 157,706. 0. 16,188. (14) <td>CHIEF COMMERCIAL & MARKETING OFFICER</td> <td></td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>289,463.</td> <td>0.</td> <td>45,506.</td>	CHIEF COMMERCIAL & MARKETING OFFICER				Х				289,463.	0.	45,506.
(5) TAMMY HERMANN 40.00 X 291,205. 0. 11,913. (6) JOSE CARLOS RUIZ 40.00 X 257,672. 0. 30,244. (7) MAGALI TRANIE 40.00 X 217,370. 0. 29,762. (8) MEAGAN SIDDIQUI 40.00 X 215,273. 0. 27,749. (9) MATT POPE 40.00 X 217,346. 0. 19,020. (10) LESLIE SIMKONS 40.00 X 217,446. 0. 19,020. (10) LESLIE SIMKONS 40.00 X 167,334. 0. 23,064. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLETT 40.00 X 167,765. 0. 7,847. (13) ABEY AYERS 40.00 X 157,706. 0. 16,188. (14) SUGURAR RAMAN 40.00 X 21,230. 0. 0. CHIEF PROGRAM OFFICER (AS OF 09/23) X 157,706. 0. 16,188. (14) SUGURAR RAMAN 40.00 X 21,230. 0. 0.	(4) JEANNE-MARIE RYAN	40.00									
CHIEF INFORMATION OFFICER (THRU 10/2 X 291,205. 0. 11,913. (6) JOSE CALLOS RUIZ 40.00 X 257,672. 0. 30,244. (7) MAGALI TRANIE 40.00 X 217,370. 0. 29,762. (8) MEAGAN SIDDIQUI 40.00 X 215,273. 0. 27,749. (9) MATT POPE 40.00 X 217,446. 0. 19,020. (10) LESLIE SIMMONS 40.00 X 167,334. 0. 23,064. (11) MARTA APARCIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (11) MARTA APARCIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MURIN TRIPLETT 40.00 X 170,765. 0. 7,847. (13) ABEY AYERS 40.00 X 157,706. 0. 16,188. (14) SUGMAR RAMAN 40.00 X 12,7230. 0. 0. (15) FELIFE ARANGO 40.00 X 157,706. 0. 16,188.	HEAD OF PEOPLE & CULTURE (THRU 11/23				Х				284,645.	0.	37,600.
(6) JOSE CARLOS RUIZ 40.00 X 257,672. 0. 30,244. (7) MAGALI TRANIE 40.00 X 217,370. 0. 29,762. (8) MEAGAN SIDDIQUI 40.00 X 215,273. 0. 27,749. (9) MAT POPE 40.00 X 217,446. 0. 19,020. (10) LESLIE SIMMONS 40.00 X 167,334. 0. 23,064. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLET 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLET 40.00 X 157,706. 0. 16,188. (13) ABBY AYERS 40.00 X 157,706. 0. 0. 0. SENIOR DIRECTOR OF RETAIL PARTNERSHI X 157,706. 0. 0. 0. 0. (14) SUGUMAR RAMAN 40.00 X 21,230. 0. 0. 0. 0. (14) SUGUMAR RAMAN 40.00 X 157,706. 0. 16,188. 0. 0. 0. 0. 0.	(5) TAMMY HERMANN	40.00									
CPO AND TREASURER X 257,672. 0. 30,244. (7) MAGALI TRANIE 40.00 X 217,370. 0. 29,762. (8) MEAD OF COMMERICAL & MARKETING X 215,273. 0. 27,749. (8) MEAD OF DIGITAL TECHNOLOGY X 215,273. 0. 27,749. (9) MATT POPE 40.00 X 217,446. 0. 19,020. (10) LESLIE SIMONS 40.00 X 217,446. 0. 23,064. (11) MARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLET 40.00 X 170,765. 0. 7,847. SENIOR DIRECTOR, PACKAGED GOODS X 157,706. 0. 16,188. (14) SUGUAR RAMAN 40.00 X 21,230. 0. 0. (15) FELIPE ARANGO X 21,230. 0. 0. 0. 0. (16) RICARDO CRISANTES 2.000	CHIEF INFORMATION OFFICER (THRU 10/2				Х				291,205.	0.	11,913.
(7) MAGALI TRANIE 40.00 X 217,370. 0. 29,762. (8) MEAGAN SIDDIQUI 40.00 X 215,273. 0. 27,749. HEAD OF COMMERICAL & MARKETING X 215,273. 0. 27,749. (9) MATT POPE 40.00 X 217,346. 0. 19,020. VICE PRESIDENT OF ENGINEERING X 217,334. 0. 23,064. (10) LESLE SIMMONS 40.00 X 167,334. 0. 23,064. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLETT 40.00 X 157,706. 0. 16,188. SENIOR DIRECTOR, PACKAGED GOODS X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. (16) RICARD CRISANTES 2.00 X 0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0. 0. 0.	(6) JOSE CARLOS RUIZ	40.00									
HEAD OF COMMERICAL & MARKETING X 217,370. 0. 29,762. (8) MEAGAN SIDDIQUI 40.00 X 215,273. 0. 27,749. (9) MATT POPE 40.00 X 217,446. 0. 19,020. VICE PRESIDENT OF ENGINEERING X 217,446. 0. 19,020. (10) LESLIF SIMMONS 40.00 X 167,334. 0. 23,064. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) LESLIF SIMMONS X 162,411. 0. 16,369. 12,23,064. 13,369. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 170,765. 0. 7,847. SENIOR DIRECTOR, FINANCIAL PLANNING X 170,765. 0. 7,847. 16,188. (13) ABBY AYERS 40.00 X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. (16) RICARDO CRISANTES 2.00 X 0. 0.	CFO AND TREASURER				Х				257,672.	0.	30,244.
(8) MEAGAN SIDDIQUI 40.00 X 215,273. 0. 27,749. (9) MATT POPE 40.00 X 217,446. 0. 19,020. (10) LESLIE SIMMONS 40.00 X 167,334. 0. 23,064. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLETT 40.00 X 162,411. 0. 16,369. (13) ABBY AYERS 40.00 X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 157,706. 0. 0. CHIEF PORGRAM OFFICER (AS OF 09/23) X 83,797. 0. 0. 0. (14) SUGUMAR RAMAN 40.00 X 21,230. 0. 0. (14) SUGUMAR RAMAN 40.00 X 21,230. 0. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0.	(7) MAGALI TRANIE	40.00									
HEAD OF DIGITAL TECHNOLOGY X 215,273. 0. 27,749. (9) MATT POPE 40.00 X 217,446. 0. 19,020. (10) LESLIE SIMMONS 40.00 X 167,334. 0. 23,064. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLETT 40.00 X 170,765. 0. 7,847. (13) ABBY AYERS 40.00 X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. (HEF PROGRAM OFFICER (AS OF 09/23) X 83,797. 0. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. 0. 0. (16) RICARDO CRISANTES 2.00 X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.					Х				217,370.	0.	29,762.
(9) MATT POPE 40.00 X 217,446. 0. 19,020. (10) LESLIE SIMMONS 40.00 X 167,334. 0. 23,064. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0. 16,369. (12) MAURIN TRIPLETT 40.00 X 162,411. 0. 16,369. (13) ABEY AYERS 40.00 X 170,765. 0. 7,847. (13) ABEY AYERS 40.00 X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. (16) RICARDO CRISANTES 2.00 X 0. 0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0. 0. 0. 0. 0.	-	40.00									
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(10) LESLIE SIMMONS 40.00 X 167,334. 0.23,064. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0.16,369. (11) MARIA APARECIDA DIAS DE COSTA 40.00 X 162,411. 0.16,369. (12) MAURIN TRIPLETT 40.00 X 170,765. 0.7,847. (13) ABBY AYERS 40.00 X 157,706. 0.16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0.0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0.0. 0. (16) RICARDO CRISANTES 2.00 X X 0.0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0.0. 0. 0. 0. 0.		40.00									
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(11) MARIA APARECIDA DIAS DE COSTA SENIOR DIRECTOR, FINANCIAL PLANNING40.00 XX162,411.0.16,369.(12) MAURIN TRIPLETT SENIOR DIRECTOR, PACKAGED GOODS40.00 XX170,765.0.7,847.(13) ABBY AYERS SENIOR DIRECTOR OF RETAIL PARTNERSHI40.00 XX157,706.0.16,188.(14) SUGUMAR RAMAN CHIEF PROGRAM OFFICER (AS OF 09/23)40.00 XX83,797.0.0.(15) FELIPE ARANGO (15) FELIPE ARANGO40.00 XX21,230.0.0.(16) RICARDO CRISANTES (17) NISHANT BAGADIA DIRECTOR2.00 XX0.0.0.(17) NISHANT BAGADIA DIRECTORXX0.0.0.0.		40.00									
SENIOR DIRECTOR, FINANCIAL PLANNING X 162,411. 0. 16,369. (12) MAURIN TRIPLETT 40.00 X 170,765. 0. 7,847. SENIOR DIRECTOR, PACKAGED GOODS X 170,765. 0. 7,847. (13) ABBY AYERS 40.00 X 157,706. 0. 16,188. SENIOR DIRECTOR OF RETAIL PARTNERSHI X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. CHIEF PROGRAM OFFICER (AS OF 09/23) X 83,797. 0. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. 0. (16) RICARDO CRISANTES 2.00 X X 0. 0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0. 0. 0. 0. 0. 0.	•						X		167,334.	0.	23,064.
(12) MAURIN TRIPLETT 40.00 X 170,765. 0. 7,847. (13) ABBY AYERS 40.00 X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. CHIEF PROGRAM OFFICER (AS OF 09/23) X 83,797. 0. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. 0. (16) RICARDO CRISANTES 2.00 X X 0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0.		40.00									
SENIOR DIRECTOR, PACKAGED GOODS X 170,765. 0. 7,847. (13) ABBY AYERS 40.00 X 157,706. 0. 16,188. SENIOR DIRECTOR OF RETAIL PARTNERSHI X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. CHIEF PROGRAM OFFICER (AS OF 09/23) X 83,797. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. (16) RICARDO CRISANTES 2.00 X 0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0. 0. 0. DIRECTOR X X 0. 0. 0. 0.	•						X		162,411.	0.	16,369.
(13) ABBY AYERS 40.00 X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. (16) RICARDO CRISANTES 2.00 X X 0. 0. 0. (17) NISHANT BAGADIA 2.00 X X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0.	(12) MAURIN TRIPLETT	40.00									
SENIOR DIRECTOR OF RETAIL PARTNERSHI X 157,706. 0. 16,188. (14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. CHIEF PROGRAM OFFICER (AS OF 09/23) X 83,797. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. CHIEF OPERATING OFFICER (AS OF 12/23 X 21,230. 0. 0. 0. (16) RICARDO CRISANTES 2.00 X 0. 0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0.	•						X		170,765.	0.	7,847.
(14) SUGUMAR RAMAN 40.00 X 83,797. 0. 0. CHIEF PROGRAM OFFICER (AS OF 09/23) X 83,797. 0. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. 0. CHIEF OPERATING OFFICER (AS OF 12/23 X 21,230. 0. 0. 0. (16) RICARDO CRISANTES 2.00 X X 0. 0. 0. CHAIR X X 0. 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0. 0.		40.00									
CHIEF PROGRAM OFFICER (AS OF 09/23) X 83,797. 0. 0. (15) FELIPE ARANGO 40.00 X 21,230. 0. 0. CHIEF OPERATING OFFICER (AS OF 12/23 X 21,230. 0. 0. 0. (16) RICARDO CRISANTES 2.00 X 0. 0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0.							X		157,706.	0.	16,188.
(15) FELIPE ARANGO 40.00 X 21,230. 0. 0. CHIEF OPERATING OFFICER (AS OF 12/23 X 21,230. 0. 0. 0. (16) RICARDO CRISANTES 2.00 X X 0. 0. 0. CHAIR X X 0. 0. 0. 0. 0. (17) NISHANT BAGADIA 2.00 X 0. 0. 0. 0. DIRECTOR X X 0. 0. 0. 0.	(14) SUGUMAR RAMAN	40.00									_
CHIEF OPERATING OFFICER (AS OF 12/23X21,230.0.0.(16) RICARDO CRISANTES2.00XX0.0.CHAIRXX0.0.0.(17) NISHANT BAGADIA2.00X0.0.0.DIRECTORXX0.0.0.					Х				83,797.	0.	0.
(16) RICARDO CRISANTES2.00XX0.0.0.CHAIRXX0.0.0.0.(17) NISHANT BAGADIA2.00X0.0.0.DIRECTORX0.0.0.0.	(15) FELIPE ARANGO	40.00									_
CHAIRXX0.0.0.(17) NISHANT BAGADIA2.00X0.0.0.DIRECTORX0.0.0.0.					Х				21,230.	0.	0.
(17) NISHANT BAGADIA2.00X0.0.0.DIRECTORX0.0.0.0.		2.00									-
DIRECTOR X 0. 0. 0.			Х		Х				0.	0.	0.
		2.00									-
			Х						0.	0.	

332007 12-21-23

Form 990 (2023)

11-1919091

D. 7

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Form 990 (2023) TRANSFAIR USA 41-1848081 Page 8												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D)									(E)		(F)	
Name and title	Average	(do		Posi neck r) than c	one	Reportable	Reportable		Estima	ted
	hours per	box	, unles	s per	son i	s both r/trust	an	compensation	compensatio		amoun	
	week			uau	recio	i/irus	ee)	from	from related		othe	
	(list any hours for	recto						the	organization	I	compens	
	related	e or di	ee			sated		organization	(W-2/1099-MIS	<i>SC/</i>	from t	
	organizations	rustee	trus		99	n pe n:		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
	below	lual ti	tiona		yo lq r	st cor yee	-	,			organiza	
	line)	ndividual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former				organiza	
(18) JANET BAND	2.00		_	0	×	1 0				-+		
DIRECTOR (THRU 03/23)		х						0.		0.		0.
(19) NATASHA CHAND	2.00											
DIRECTOR		х						0.		0.		0.
(20) ROBIN EVITTS	2.00											
DIRECTOR		х						0.		0.		Ο.
(21) SEAN FOOTE	2.00											
DIRECTOR		Х						0.		0.		0.
(22) RONNIE ROBINSON	2.00											
DIRECTOR		Х						0.		0.		0.
(23) LIESEL PRITZKER SIMMONS	2.00											
DIRECTOR		Х						0.		0.		0.
(24) ROBERT P. STILLER	2.00											
DIRECTOR		Х						0.		0.		0.
(25) ANDREW FERREN	2.00											•
SECRETARY				Х				0.		0.		0.
1b Subtotal 3,265,885. 0									0.	310,2	21	
1b Subtotal								0.		0.	510,2	0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								3,265,885.		0.	310,2	
2 Total number of individuals (including but no									000 of reportable		510,2	12 7 0
compensation from the organization		030	1310	u ab	000	<i>,</i> , , , , , , , , , , , , , , , , , ,	010					45
sompondation nom the organization											Yes	1
3 Did the organization list any former officer,	director, trust	ee, k	ev e	mpl	ove	e. or	hio	hest compensated emp	lovee on	[
line 1a? If "Yes," complete Schedule J for su											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4 X	
5 Did any person listed on line 1a receive or a	,											
rendered to the organization? If "Yes." com											5	X
Section B. Independent Contractors		<u>, , , , , , , , , , , , , , , , , , , </u>	51 00		/0/0							
1 Complete this table for your five highest cor	npensated ind	lepe	nder	nt co	ontra	actor	s tł	hat received more than \$	100,000 of comp	bensat	ion from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wit	thin	n the organization's tax y	ear.			
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	С	ompensati	on
MODELIT, 4004 NE 4TH STRE	ET #107	-2	60	,				SOFTWARE DEV	ELOPMENT			
RENTON, WA 98059								SERVICES		1	<u>,007,7</u>	′ 4 5.
PC PROFESSIONAL								SOFTWARE DEV	ELOPMENT			
1615 WEBSTER STREET, OAKLAND, CA 94612 SERVICES										210,8	67.	
MOSS ADAMS												
P.O BOX 101822, PASADENA, CA 91189 ACCOUNTING SERVICES									157,4	90.		
VIVIEN ALAN FONSECA PRODUCER SERVICES												
URBANIZACION SABORIO, SAN JOSE , COSTA RICA CONSULTING SERVICES									146,6	10.		
JENNIFER BURKETT, 501 HOLLAND LANE, APT. PROJECT MANAGEMENT												
319, ALEXANDRIA, VA 22314								CONSULTING S			141,2	19.
2 Total number of independent contractors (ir	-	ot lin	nited	l to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				18)						

\$100,000 of compensation from the organization

332008 12-21-23

Form	n 99	0 (2	2023) TRANSFAIR USA	A			41-1848	081 Page 9
	rt V							
			Check if Schedule O contains a response	e or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
¶ Amo G		с	Fundraising events 1c					
Gift: lar /		d	Related organizations 1d					
ini) Simi			Government grants (contributions) 1e					
er S		f	All other contributions, gifts, grants, and	400 500				
-ip			similar amounts not included above 1f	492,530.				
ont nd		-	Noncash contributions included in lines 1a-1f		492 530			
<u></u> \overline{O}		n	Total. Add lines 1a-1f	Business Code	492,530.			
	2	а	SERVICE FEES	900099	19,371,487.	19371487.		
vice	2	a b	CONSULTING FEES	900099	5,000.	5,000.		
Ser		c			, -	, -		
		d						
Program Service Revenue		е						
P,		f	All other program service revenue					
		g	Total. Add lines 2a-2f		19,376,487.			
	3		Investment income (including dividends, inter	rest, and				
			other similar amounts)		151,577.			151,577.
	4		Income from investment of tax-exempt bond	· · · · ·				
	5		Royalties	(ii) Personal				
	6	_		(II) Feisonai				
	0		Gross rents 6a Less: rental expenses 6b					
		c	Rental income or (loss) 6c					
			Not rental income or (loco)					
	7		Gross amount from sales of (i) Securities					
			assets other than inventory 7a					
		b	Less: cost or other basis					
venue			and sales expenses 7b					
ver			Gain or (loss) 7c					
r Re			Net gain or (loss)					
Other	8	а	Gross income from fundraising events (not					
0			including \$ of contributions reported on line 1c). See					
			Part IV, line 18					
		b	Less: direct expenses 8					
			Net income or (loss) from fundraising events	-				
	9		Gross income from gaming activities. See					
			Part IV, line 19	a				
			Less: direct expenses9	b				
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		_	and allowances 10					
			Less: cost of goods sold10					
_		С	Net income or (loss) from sales of inventory	Business Code				
sn	11	а	MISCELLANEOUS REVENUE	900099	28,826.			28,826.
liscellaneous Revenue		a b						,••
ella ≌ver		c						
lis B			All other revenue					
Σ			Total. Add lines 11a-11d		28,826.			
	12		Total revenue. See instructions		20,049,420.	19376487.	0.	180,403.
33200	9 12-	-21-	23					Form 990 (2023

Form 990 (2023) TRANSFAIR USA
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon			<u>(0)</u>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	10 000	10 000		
_	individuals. See Part IV, lines 15 and 16	12,000.	12,000.		
1	Benefits paid to or for members				
5	Compensation of current officers, directors,	0 610 0FF	2 042 705	202 042	102 207
	trustees, and key employees	2,618,955.	2,042,785.	392,843.	183,327
5	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
,	persons described in section 4958(c)(3)(B)	10,404,026.	8,115,140.	1,560,604.	728,282
	Other salaries and wages	10,404,020.	0,110,140.	1,300,0040	720,202
}	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	348,091.	271,511.	52,214.	24,366
)	Other employee benefits	1,115,526.	870,110.	167,329.	78,087
,	Payroll taxes	939,748.	733,004.	140,962.	65,782
	Fees for services (nonemployees):	55577100	, , , , , , , , , , , , , , , , , , , ,	110,5021	007702
	Management				
b	Legal	64,689.		64,689.	
	Accounting	92,500.		92,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	4,435,592.	3,459,762.	665,339.	310,491
2	Advertising and promotion	104,691.	99,578.		<u>310,491</u> 5,113
	Office expenses	-	-		-
Ļ	Information technology	1,247,362.	983,818.	182,040.	81,504
5	Royalties				
;	Occupancy				
	Travel	276,434.	221,087.	29,745.	25,602
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	177,018.	168,637.	285.	8,096
	Interest	10,602.	8,258.	1,633.	711
	Payments to affiliates				
	Depreciation, depletion, and amortization	104,570.	81,457.	16,104.	7,009
	Insurance	83,619.	65,223.	12,543.	5,853
	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.)				
а	THIRD PARTY EXPENSES	8,250.	7,050.	1,200.	
b					
с					
d					
е	All other expenses	217,084.	178,651.	31,293.	7,140
	Total functional expenses. Add lines 1 through 24e	22,260,757.	17,318,071.	3,411,323.	1,531,363
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

13591106 146892 648947

12

TRANSFAIR USA Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X

		Check if Schedule O contains a response or not	e to any	r line in this Part X				
					(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing			9,702,583.	1	4,287,511.	
	2	Savings and temporary cash investments			1,204,037.	2	3,576,948.	
	3	Pledges and grants receivable, net		541,414.	3	249,891.		
	4	Accounts receivable, net	5,328,097.	4	5,402,646.			
	5	Loans and other receivables from any current or	.,		-,,			
	Ŭ	trustee, key employee, creator or founder, subst						
		controlled entity or family member of any of thes		5				
	6	Loans and other receivables from other disqualif				Ŭ		
	Ū	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)					
	7	Notes and loans receivable, net				6 7		
Assets	8	Inventories for sale or use				8		
Ass	9				806,406.	9	657,023.	
		Land, buildings, and equipment: cost or other				5	00170200	
	iou	basis Complete Part VI of Schedule D	10a	1.640.572				
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,521,510.	215,643.	10c	119,062.	
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 1		12				
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11	652.	15	652.			
	16	Total assets. Add lines 1 through 15 (must equa			17,798,832.	16	14,293,733.	
	17	Accounts payable and accrued expenses	2,497,540.	17	2,114,264.			
	18	Grants payable		18				
	19	Deferred revenue	76,260.	19	242,260.			
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete F				21		
ß	22	Loans and other payables to any current or form						
Liabilities		trustee, key employee, creator or founder, subst						
lide		controlled entity or family member of any of thes		22				
Ë	23	Secured mortgages and notes payable to unrela	1,076,486.	23	0.			
	24	Unsecured notes and loans payable to unrelated				24		
	25	Other liabilities (including federal income tax, page						
		parties, and other liabilities not included on lines	17-24).	Complete Part X				
		of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			3,650,286.	26	2,356,524.	
		Organizations that follow FASB ASC 958, che	ck here	X				
ces		and complete lines 27, 28, 32, and 33.						
lan	27	Net assets without donor restrictions			12,183,164.	27	10,967,788. 969,421.	
Ba	28	Net assets with donor restrictions	1,965,382.	28	969,421.			
pur		Organizations that do not follow FASB ASC 9	58, che	ck here				
Net Assets or Fund Balances		and complete lines 29 through 33.						
0 S	29	Capital stock or trust principal, or current funds			29			
set	30	Paid-in or capital surplus, or land, building, or eq		30				
t As	31		Retained earnings, endowment, accumulated income, or other funds					
Nei	32	Total net assets or fund balances			14,148,546.	32	11,937,209.	
	33	Total liabilities and net assets/fund balances			17,798,832.	33	14,293,733.	
I				·····	, ,		Form 990 (2	

Form **990** (2023)

Form	1990 (2023) TRANSFAIR USA	41-1	L848081	Pa	_{.ge} 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,04					
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,26	0,7	57.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,21	<u>1,3</u>	37.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,14	<u>8,5</u>	46.			
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	11,93	7,2	09.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	\vdash	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE /	Δ
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(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2023
Open to Public

		of the Treasury nue Service		Open to Public Inspection							
Nam	ne of t	the organizati	on						Employer	identification number	
			TRAN	SFAIR USA					4	1-1848081	
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The	he organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1		A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)([.]	I)(A)(i).			
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	า 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).			
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:									
5		An organizati	on operated fo	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, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7		An organizati	on that norma	ally receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in	
		section 170(b)(1)(A)(vi). (C	complete Part II.)							
8	Щ	•			(1)(A)(vi). (Complete Par	-					
9					in section 170(b)(1)(A)(
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
	িতা	university:									
10	X				than 33 1/3% of its supp						
					t to certain exceptions; a						
				mplete Part III.)	(less section 511 tax) fro	om busines	sses acqui	red by the org	Janization a	aner June 30, 1975.	
11					ively to test for public sa	fotu Soo	section 5(10(2)(4)			
12	\square	-	-	-	ively for the benefit of, to	•			rry out the	nurnoses of one or	
12					ed in section 509(a)(1) o						
					f supporting organization						
а		7			supervised, or controlled					aivina	
					gularly appoint or elect a	• • •	-				
			-	complete Part IV, Se	• • • •	, ,					
b		_			l or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ving	
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported	
		organizatio	n(s). You mus	st complete Part IV,	Sections A and C.						
с		Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	lly integrate	ed with,	
		its support	ed organizatio	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.			
d		_ Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)	
			-		zation generally must sat	-		-	an attentiv	/eness	
		requiremen	it (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .			
е			•		written determination fro			Туре I, Туре	II, Type III		
					nally integrated supportion	ng organiz	ation.			[
		er the number		•							
g		vide the follow (i) Name of supp	•	n about the supporte (ii) EIN	d organization(s).	(iv) Is the org	anization listed	(v) Amount o	f monetarv	(vi) Amount of other	
		organizatior		(,	(described on lines 1-10		ing document?	support (see in		support (see instructions)	
					above (see instructions))	Yes	No				
				1							

Schedule	A (Form 990) 2023
Part II	Support Sc

TRANSFAIR USA

41-1848081 Page 2

	0000000	12020		0011	
II	Suppor	t Schedule ⁻	for Organization	s Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	· - · ·				

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	L						
6	Column (T) Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(,	(2) _ 0 _ 0	(0) = 0 = 1	((0) =0=0	(1) 1010
	Gross income from interest,						
Ũ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
3	activities, whether or not the						
10	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							
12	1 ,	,	,			12 01(a)(0)	
13	First 5 years. If the Form 990 is for the	•					
Se	organization, check this box and sto ction C. Computation of Publi		-				
	Public support percentage for 2023 (colump (f))		14	%
	Public support percentage from 2022					15	%
	a 33 1/3% support test - 2023. If the						
102	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2022. If the		•		lino 15 is 22 1/20/		
Ľ							
47.	and stop here. The organization qua				a 10, 16a, ar 16b, d		
1/2	a 10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
	meets the facts-and-circumstances te	-		• • • •		17a and line 17 is	
k	0 10% -facts-and-circumstances test		-				IU% Or
	more, and if the organization meets the		-		• •		[]
40	organization meets the facts-and-circl		•		•••••		
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 160, 17a, or 17	D, CHECK THIS DOX A		s

Schedule A (Form 990) 20

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Schedule A (Form 990) 2023

TRANSFAIR USA

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.) Section A. Public Support

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4498167.	3710152.	4151158.	2849158.	492,530.	15701165.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the	1 (0 1 5 0 1 6	1 0 0 4 6 6 1 5	10041005	00000407	100000000	05060010
	organization's tax-exempt purpose	10812710.	1/046615.	19841287.	22280407.	<u>193/648/.</u>	95360012.
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge	0101000	20756767	22002445	25129565.	10960017	111061177
	Total. Add lines 1 through 5	ET2T2202.	40/30/0/.	43774443.	R217222021	110600T/.	<u> </u>
78	Amounts included on lines 1, 2, and 3 received from disqualified persons	4282666.	3054927.	1255000.	1858646.	258,500.	10709739.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	4000041	4200100	E 400100	6005040	5772060	
	amount on line 13 for the year	<u>4233641.</u> 8516307.	4329122. 7384049.	5477173. 6732173.	6285943. 8144589.		26098939.
	Add lines 7a and 7b	8516307.	/384049.	6/321/3.	8144589.	6031560.	36808678. 74252499.
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						/4252499.
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	21313383.	20756767.	23992445.	25129565.	19869017.	111061177
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,540.	96.			151,577.	167,213.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	15,540.	96.			151,577.	167,213.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	13,3400				131,37,4	10,,213.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	303,636.				28,826.	
		21632559.				•	
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
_							
	ction C. Computation of Public						<u> </u>
15	Public support percentage for 2023 (column (f))		15	66.54 %
<u>16</u>	Public support percentage from 2022					16	65.60 %
Sec	ction D. Computation of Inves						4 -
17	Investment income percentage for 20			ne 13, column (f))		17	.15 %
18	Investment income percentage from					18	.04 %
19a	33 1/3% support tests - 2023. If the						
F	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the						X
L.	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
-	23 12-21-23	A GIG HOL OHEON &	<u>207 01 1110 14, 19</u>				A (Form 990) 2023
33202	20 12-21-20		16			Schedule /	- (i Ulli 330) 2023

16

^{2023.05000} TRANSFAIR USA

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

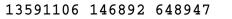
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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		janizations (continued)
Schedule A	(Form 990) 2023	TRANSFAIR

1

2

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body members of the governing body, officers acting in their official capacity, or membership of one or			

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

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Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Γ
	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 organization used to satisf	, the Integral Part Test during the ve	ar (see instructions).
-	Oneck the box next to the method that the organization used to satisf		<i>a</i> , (eeee

- 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.*

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

- 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.*

Schedule A (Form 990) 2023

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Check here if the organization satisfied the All other Type III non-functionally integrate			•	
Section 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	2		
3 Other gross income (see instructions)	3	3		
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5	;		
6 Portion of operating expenses paid or incurred for	or production or			
collection of gross income or for management, o				
maintenance of property held for production of i	ncome (see instructions) 6	;		
7 Other expenses (see instructions)	7	,		
8 Adjusted Net Income (subtract lines 5, 6, and 7	' from line 4) 8	;		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-us	e assets (see			
instructions for short tax year or assets held for	part of year):			
a Average monthly value of securities	1a			
b Average monthly cash balances	1b	,		
c Fair market value of other non-exempt-use asset	s 1c	;		
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exer	npt-use assets 2	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 lin	e 4 from line 3) 5	5		
6 Multiply line 5 by 0.035.	6	;		
7 Recoveries of prior-year distributions	7	,		
8 Minimum Asset Amount (add line 7 to line 6)	8	.		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year (from Section	A, line 8, column A) 1			
2 Enter 0.85 of line 1.	2	2		
3 Minimum asset amount for prior year (from Sect	on B, line 8, column A) 3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5	;		
6 Distributable Amount. Subtract line 5 from line	4, unless subject to			
emergency temporary reduction (see instruction	s). 6	;		
7 Check here if the current year is the organ	ization's first as a non-functionally integ	rated	Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 TRANSFAIR USA
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

c Excess from 2021 d Excess from 2022 e Excess from 2023

TRANSFAIR USA Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	Current Year				
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			
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 (<i>describe in Part VI</i>). 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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
_1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7					
_	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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

SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME:

2019 AMOUNT: \$ 303,636.	
2020 AMOUNT: \$ 22,183.	
2021 AMOUNT: \$ 13,622.	
2023 AMOUNT: \$ 28,826.	

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Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

41-1848081

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

TRANSFAIR USA

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

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

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

General Rule

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 for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

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).

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

Schedule B (Form 990) (2023)

	FAIR USA		41-1848081
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
		\$50,000	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
2		\$60,000	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		\$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
4		\$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
5		\$25,000	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
6		\$20,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

Name of organization

Employer identification number

TRANSI	FAIR USA	4	1-1848081
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$8,500.	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
8		\$30,000.	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
9		\$100,000.	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
10		\$100,000.	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
11		\$16,667.	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
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2023)

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Name of organization

Page **2** Employer identification number

'I'RANSI	FAIR USA	41	-1848081
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additional terms of the set of t	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$15,000.	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 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 Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Name of organization

Employer identification number

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TRANSI	FAIR USA		41-1848081
Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule B (Form 990) (2023)

Name of organization

Schedule	B (Form 990) (2023)			Page 4
Name of c	organization		Em	ployer identification number
TRANS	FAIR USA			11-1848081
	Exclusively religious, charitable, etc., contributio from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line en haritable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that tot ry. For organizations	al more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	on of how gift is held
		(e) Transfer of gi	t l	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfer	or to transferee
(a) No			1	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	on of how gift is held
		(e) Transfer of gi	ť	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfer	or to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held
		(e) Transfer of gi	t	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transfer	or to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descriptio	on of how gift is held
		(e) Transfer of gi	<u> </u>	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transfer	or to transferee

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SCHEDULE [)
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Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. OMB No. 1545-0047

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

TRANSFAIR USA

Employer identification number

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	-	0	-	0	v	Ο.	_

Par			or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring			
		·				
Par	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) 🛛 🗌 Preservation of	a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b						
с	Number of conservation easements on a certified historic str					
d	Number of conservation easements included on line 2c acqu					
	on a historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year					
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements it holds?					
6						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year			
			U			
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot					
	organization's accounting for conservation easements.	-				
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Ot	her Similar Assets.			
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	nd balance sheet works			
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in fu	Irtherance of public			
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these item	IS.			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and I	palance sheet works of			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furth	nerance of public service,			
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
	////		•			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia				
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1	-	\$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2023			
	1 09-28-23					
		28				

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Sche	dule D (Form 990) 2023 TRANSFA							41-18			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histe	orical Tre	easures, o	r Othe	r Similaı	r Assets	(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the t	following that	t make si	ignificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	c	I 🗌	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		te if the	organizatior	n answered "	Yes" on	Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1 a	Is the organization an agent, trustee, custod							_	٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:					Amount		
	2 · · · · ·								Amount		
C	Beginning balance										
a	Additions during the year										
e 4	Distributions during the year										
20	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII							∟]
Par											1
		(a) Current year		rior year	(c) Two yea		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance						. , ,				
b	Contributions										
c	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 cur		e (line 1g	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	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	t are held ar	nd administer	red for th	ne		r		
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
	t VI Land, Buildings, and Equipm		wment f	unds.							
Fai	Complete if the organization answere		Dort IV	/ lina 11a S	oo Eorm 000	Dort V	lino 10				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		ccumulate	eu	(d) Booł	value	;
10	Land	· · · · · ·		54515	(30.101)		- colution				
la b	LandBuildings										
	Leasehold improvements			6	8,930.		68,93	30.			0.
d	Equipment				8,969.		979,90		119	,06	
	Other				2,673.		472,6			,	0.
	. Add lines 1a through 1e. (Column (d) must e		X line 1		-				119	,06	
		iqual i onn oou, i all			<i>بر</i> عب						

Schedule D (Form 990) 2023

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(a) Description of security or cate		(b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-year market value
(4) Elemental elementaria				
2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(F) (G)				
(H)				
3 <i>2</i>	Dert V line 12 col (P)			
otal. (Col. (b) must equal Form 990 Part VIII Investments -	Program Related			
	-	on Form 990 Part IV line	11c. See Form 990, Part X, line 13.	
(a) Description of		(b) Book value	(c) Method of valuation: Cost or er	d-of-year market value
			(c) method of valuation. Cost of el	a or your market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990), Part X, line 13, col. (B))			
Part IX Other Assets		an Farma 000 David IV/ lines	11d Cas Farma 000 Davit V line 15	
Complete if the org			11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Fo	orm 990, Part X, line 15, col	І. (В))		
Part X Other Liabilitie				_
Complete if the ora		on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
				(b) Book value
	escription of liability			
	escription of liability			
I. (a) D	escription of liability			
I. (a) D (1) Federal income taxes	escription of liability			
I. (a) D (1) Federal income taxes (2)	escription of liability			
(a) D (1) Federal income taxes (2) (3)	escription of liability			
(a) D (1) Federal income taxes (2) (3) (4)				
(a) D (1) Federal income taxes (2) (3) (4) (5)				
(a) D (1) Federal income taxes (2) (3) (4) (5) (6)				
I. (a) D (1) Federal income taxes (2) (3) (4) (5) (6) (7)				

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

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Sche	edule D (Form 990) 2023 TRANSFAIR USA		41-1848081 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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
3	Subtract line 2e from line 1		
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 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	.)	
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
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
3	Subtract line 2e from line 1		
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 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
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:

THE ORGANIZATION IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL,

MINNESOTA AND CALIFORNIA INCOME TAXES UNDER THE PROVISIONS OF SECTIONS

501(C)(3) OF THE INTERNAL REVENUE CODE, CHAPTER 317A OF THE MINNESOTA

STATUTES AND 23701D OF THE CALIFORNIA REVENUE AND TAXATION CODE.

ACCORDINGLY, NO PROVISION FOR FEDERAL, MINNESOTA, OR CALIFORNIA INCOME TAX

IS REFLECTED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION RECOGNIZES THE EFFECTS OF ITS INCOME TAX POSITIONS ONLY

31

IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. THE

ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND HAS CONCLUDED AS OF

DECEMBER 31,	2023	AND	2022,	THAT	\mathbf{THE}	ORGANIZATION	DOES	NOT	HAVE	ANY

332054 09-28-23

Part XIII Supplemental Information (continued)

SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE

NECESSARY.

Schedule D (Form 990) 2023

332055 09-28-23

EAST ASTA AND THE				BOLLDI CHAIN KERAIED	
PACIFIC	0	5	PROGRAM SERVICES	EXPENSES & SERVICES	
				SEAFOOD PROGRAM,	
				MEETINGS, SUMMITS AND	
				SUPPLY CHAIN RELATED	
SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	EXPENSES & SERVICES	
				SEAFOOD PROGRAM,	
				MEETINGS, SUMMITS AND	
				SUPPLY CHAIN RELATED	
SOUTH ASIA	0	2	PROGRAM SERVICES	EXPENSES & SERVICES	
				SEAFOOD PROGRAM,	
				MEETINGS, SUMMITS AND	
CENTRAL AMERICA AND				SUPPLY CHAIN RELATED	
THE CARIBBEAN	0	4	PROGRAM SERVICES	EXPENSES & SERVICES	
0 - Outstatel	0	29			1
3 a Subtotal		29			1
b Total from continuation	0	0			
sheets to Part I c Totals (add lines 3a		0			
C I Utais (aud lines Sa	0	29			1
and 3b)					

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

Statement of Activities Outside the United States

Department of the Treasury Internal Revenue Service

Name of the organization

TRANSFAIR USA

SCHEDULE F (Form 990)

Part I	General Information on Activities Outside the United States.	Complete if the organ	ization answered "Yes" on
	Form 990, Part IV, line 14b.		

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? YesL
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States.

3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)
	(a) Degion	(b) Number of	(a) Number of	(d) Activities conducted in the region	(a) If activity listed in (d)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
				SEAFOOD PROGRAM, MEETINGS, SUMMITS AND	
				SUPPLY CHAIN RELATED	
NORTH AMERICA	0	6	PROGRAM SERVICES	EXPENSES & SERVICES	332,687.
				SEAFOOD PROGRAM,	
				MEETINGS, SUMMITS AND	
				SUPPLY CHAIN RELATED	
SOUTH AMERICA	0	8	PROGRAM SERVICES	EXPENSES & SERVICES	228,931.
				SEAFOOD PROGRAM,	
				MEETINGS, SUMMITS AND	
EAST ASIA AND THE				SUPPLY CHAIN RELATED	
PACIFIC	0	5	PROGRAM SERVICES	EXPENSES & SERVICES	208,433.
				SEAFOOD PROGRAM,	
				MEETINGS, SUMMITS AND	
				SUPPLY CHAIN RELATED	
SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	EXPENSES & SERVICES	78,064.
				SEAFOOD PROGRAM,	
				MEETINGS, SUMMITS AND	
				SUPPLY CHAIN RELATED	
SOUTH ASIA	0	2	PROGRAM SERVICES	EXPENSES & SERVICES	42,114.
				SEAFOOD PROGRAM,	,
				MEETINGS, SUMMITS AND	
CENTRAL AMERICA AND				SUPPLY CHAIN RELATED	
THE CARIBBEAN	0	4	PROGRAM SERVICES	EXPENSES & SERVICES	306,262.
3 a Subtotal	0	29			1,196,491.
b Total from continuation sheets to Part I	0	0			0.
		, , , , , , , , , , , , , , , , , , ,			<u>.</u>
c Totals (add lines 3a	0	29			1,196,491.
and 3b)				Schedule F (Form 990) 2023





XNo

Employer identification number

41-1848081

648947_1

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities .

Schedule F (Form 990) 2023

0

Schedule F	(Form	990	2023
		330	2020

TRANSFAIR USA

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT FLOOD RECOVERY AND RELIEF EFFORTS	12 000	WIRE TRANSFER	0.		
				12,000.				
0 Estadated and the set								

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

35

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. Т

TRANSFAIR USA

Page 3

Schedule F (Form 990) 2023

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation (see the Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023	TRANSFAIR	USA
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

332075 11-29-23		Schedule F (Form 990) 202

SC	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	∠ J)		
Dena	tment of the Treasury	Attach to Form 990.		Open to	Pub	ic		
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nan	ne of the organization		Employer id			mber		
		TRANSFAIR USA	41-1	84808	1			
Ра	rt I Question	s Regarding Compensation						
	.				Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	°						
	Travel for com							
		eation and gross-up payments Health or social club dues or initiation fee						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the bayes	on line to ave checked, did the exception follow a written policy recording powerst or						
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		16				
2		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>				
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
	indsiees, and onice							
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's						
•		ector. Check all that apply. Do not check any boxes for methods used by a related organization						
		ation of the CEO/Executive Director, but explain in Part III.	51110					
	X Compensation							
		compensation consultant						
	·	ther organizations X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re							
а	•	e payment or change-of-control payment?		4a	Х			
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?				X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the re							
а	The organization?			. 5a		X		
	Any related organiz					X		
	If "Yes" on line 5a c	or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n					
	contingent on the n	et earnings of:						
а	The organization?			. <u>6a</u>		X		
	Any related organiz	ation?				X		
	If "Yes" on line 6a c	or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
		nes 5 and 6? If "Yes," describe in Part III		7	Х	<u> </u>		
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie					
				8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section			. 9				
For	Paperwork Reducti	ion Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forn	n 990) 2023		

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41-1848081

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base	(ii) Bonus &	(iii) Other	compensation			reported as deferred
		compensation	incentive compensation	reportable compensation				on prior Form 990
····		210 000	•	'	0.482	04 014	440.010	
	(i) _	310,000.	96,526.	0.	9,473.	24,214.	440,213.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	223,042.	100,000.	0.	10,739.	536.	334,317.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
-	(i) _	187,608.	53,760.	48,095.	9,970.	35,536.	334,969.	0.
CHIEF COMMERCIAL & MARKETING OFFICER	,	0.	0.	0.	0.	0.	0.	0.
	(i) _	183,467.	46,178.	55,000.	9,527.	28,073.	322,245.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(5) TAMMY HERMANN ((i) _	181,159.	55,157.	54,889.	0.	11,913.	303,118.	0.
CHIEF INFORMATION OFFICER (THRU 10/2	ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSE CARLOS RUIZ	(i)	211,000.	46,672.	0.	7,987.	22,257.	287,916.	0.
CFO AND TREASURER (i	ii)	0.	0.	0.	0.	0.	0.	0.
(7) MAGALI TRANIE	(i)	170,187.	47,183.	0.	8,695.	21,067.	247,132.	0.
HEAD OF COMMERICAL & MARKETING	ii)	0.	0.	0.	0.	0.	0.	0.
(8) MEAGAN SIDDIQUI	(i)	192,217.	23,056.	0.	8,611.	19,138.	243,022.	0.
HEAD OF DIGITAL TECHNOLOGY	ii)	0.	0.	Ο.	0.	0.	0.	0.
(9) MATT POPE	(i)	180,000.	37,446.	0.	8,698.	10,322.	236,466.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(10) LESLIE SIMMONS	(i)	142,334.	25,000.	0.	4,227.	18,837.	190,398.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARIA APARECIDA DIAS DE COSTA	(i)	155,000.	7,411.	0.	4,946.	11,423.	178,780.	0.
-	ii)	0.	0.	0.	0.	0.	0.	0.
(12) MAURIN TRIPLETT	(i)	143,500.	27,265.	0.	6,576.	1,271.	178,612.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(13) ABBY AYERS	(i)	135,000.	22,706.	0.	6,308.	9,880.	173,894.	0.
-	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	, (i)							
	ii)							
	(i)							
	ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 4A:

THE ORGANIZATION PAID THE FOLLOWING INDIVIDUALS SEVERANCE PAYMENTS DURING

2023, WHICH IS REPORTED ON SCHEDULE J, PART II, COLUMN B(III).

LEILANI LATIMER \$48,095

TAMMY HERMANN \$54,889

JEANNE-MARIE RYAN \$55,000

THE SEVERANCE PACKAGE WAS CALCULATED AND PAID FOLLOWING THE ORGANIZATION'S

SEVERANCE PAY POLICY, WITH APPROVAL BY THE CEO AND CFO.

PART I, LINE 7:

THE 2023 BONUS PAYOUT WAS DETERMINED BY PERFORMANCE-BASED. THE CEO (PAUL

RICE) AUTHORIZED DISCRETIONARY PERSONNEL BONUSES BASED ON THE FAIR TRADE

USA PERFORMANCE POLICY. THE FAIR TRADE USA BOARD OF DIRECTORS AUTHORIZED

THE CEO BONUS BASED ON PERFORMANCE.

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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

OMB No. 1545-0047

TRANSFAIR USA

41-1848081

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STRINGENT SOCIAL STANDARDS, ALL OF WHICH ARE INDEPENDENTLY AUDITED

UNDER THE FAIR TRADE USA CERTIFICATION PROCESS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COFFEE IMPACT ADVISORY BOARD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DEMONSTRATING OUR COMMITMENT TO DRIVING POSITIVE CHANGE THROUGH FAIR

TRADE PRACTICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPLY CHAINS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FAIR TRADE CERTIFIED PRODUCTS AND GOODS SPAN SEVERAL INDUSTRIES AND

CATEGORIES, INCLUDING COFFEE AND CONSUMER PACKAGED GOODS. WE ARE

COMMITTED TO CONTINUOUSLY INNOVATING IN NEW CATEGORIES TO ACCOMMODATE

THE NEEDS OF OUR PARTNERS. ACTIVELY MANAGE POTENTIAL RISK WITH RIGOROUS

FAIR TRADE STANDARDS, ENSURING SAFE WORKING ENVIRONMENTS AND IMPROVED

CONDITIONS, WAGES, WORKING HOURS, BENEFITS, AND THE ELIMINATION OF

FORCED LABOR AND POVERTY.

EXPENSES \$ 2,642,039. INCLUDING GRANTS OF \$ 12,000. REVENUE \$ 3,198,926.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE 990 DRAFT IS COMPLETE, IT IS SHARED WITH THE AUDIT COMMITTEE. A

Name of the organization	Employer identification numbe
TRANSFAIR USA	41-1848081
FOLLOW-UP MEETING WITH THE AUDIT COMMITTEE, THE COO, AND I	HE CHIEF
FINANCIAL OFFICER IS SCHEDULED FOR Q&A. WE ALSO ENGAGE IN	A PRESENTATION BY
FINANCIAL OFFICER IS SCHEDULED FOR Q&A. WE ALSO ENGAGE IN	A PRESENTATION E

BOARD OF DIRECTORS TO RECOMMEND THE APPROVAL OF THE 990 FORMS.

FORM 990, PART VI, SECTION B, LINE 12C:

ONCE A YEAR, THE ORGANIZATION SHARES A LIST OF VENDORS AND BUSINESS PARTNERS WITH THE BOARD, ADVISORY COUNCIL, AND KEY EMPLOYEES. THE BOARD MUST THEN SIGN A CONFLICT OF INTEREST COMPLIANCE STATEMENT. ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE FULL BOARD. EMPLOYEE PARTICIPATION IN ANY COMPANY THAT IS A FAIR TRADE USA LICENSEE IS PROHIBITED WITHOUT THE PRESIDENT'S WRITTEN CONSENT. EMPLOYEES MUST DISCLOSE ANY CURRENT OR PROSPECTIVE POSITIONS WITH POTENTIAL OR ACTUAL LICENSEES OR COMPETITORS TO THE PRESIDENT, WHO, ALONG WITH THE SUPERVISOR, WILL EVALUATE THE CONFLICT. THE PRESIDENT WILL DECIDE IF THE OUTSIDE POSITION CREATES A CONFLICT AND COMMUNICATE THE NECESSARY ACTION, WHICH MAY INCLUDE RESIGNING FROM THE POSITION.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD'S COMPENSATION COMMITTEE SETS THE CEO'S COMPENSATION. THE PRESIDENT/CEO SETS COMPENSATION FOR OTHER OFFICERS. A DETAILED COMPENSATION STUDY, UPDATED ANNUALLY USING VARIOUS SOURCES, AND THE ACHIEVEMENT OF ANNUAL PERFORMANCE GOALS ARE USED TO DETERMINE COMPENSATION RATES.

FORM 990, PART VI, SECTION C, LINE 19: THE INDEPENDENT CONTRACTOR AUDITED REPORT IS AVAILABLE IN FAIR TRADE USA WEBSITE, WWW.FAIRTRADECERTIFIED.ORG, AND UPON REQUEST. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. 332212 11-14-23 Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization TRANSFAIR USA	Employer identification number 41-1848081
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTING & CONTRACTOR SERVICES:	
PROGRAM SERVICE EXPENSES	3,459,762.
MANAGEMENT AND GENERAL EXPENSES	665,339.
FUNDRAISING EXPENSES	310,491.
TOTAL EXPENSES	4,435,592.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,435,592.
332212 11-14-23	Schedule O (Form 990) 2023
43	

13591106 146892 648947

332161 09-28-23 LHA

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

Schedule R (Form 990) 2023

SCHEDULE R

Department of the Treasury Internal Revenue Service

(Form 990)

Related Organizations and Unrelated Partnerships

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

Name of the organization

TRANSFAIR USA

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		3) 12(b)(13) olled ity?
				501(c)(3))		Yes	No
GOOD WORLD SOLUTIONS, INC 56-2435785	DEVELOP TECH SOLUTIONS TO						
360 GRAND AVE. #311	IMPROVE LIVING CONDITIONS						
OAKLAND, CA 94610-4840	FOR WORKERS GLOBAL	CALIFORNIA	501(C)(3)	LINE 7	TRANSFAIR USA	x	
	-						
	-						
	-						

Attach to Form 990.

OMB No. 1545-0047 2023

Employer identification number
41-1848081

Schedule R (Form 990) 2023 TRANSFAIR USA

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	eral or aging ther?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
											\vdash	
	-											
	-											
	-											
											+	
	1											
	{											
	4											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(l conti ent	(i) b)(13) rolled tity?
GWS HOLDING COMPANY INC - 47-5353507			GOOD WORLD					Yes	No
360 GRAND AVENUE #311	-		SOLUTIONS,						
OAKLAND, CA 94610	HOLDING COMPANY		INC.	C CORP	0.	21,920.	100%	x	
	-								
	-								

Schedule R (Form 990) 2023 TRANSFAIR USA

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			Σ
b Gift, grant, or capital contribution to related organization(s)			2
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			1
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	<u>1g</u>		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	<u>1i</u>		
j Lease of facilities, equipment, or other assets to related organization(s)			+
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)	-		-
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			
Other transfer of cash or property to related organization(s)	1r		
	15		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 TRANSFAIR USA

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

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

(a)	(b)	(c)	(d)	6	-)	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-LIBI	Genera	l or Percentag
of entity	T finding dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c)(3)	total	end-of-year	Dispr tior allocat	nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ing woll ownership
,		country)	excluded from tax under sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				res	NO			res	INO	(1011111000)	res	10
											$\left \right $	
		l		1							1	

Schedule R (Form 990) 2023

TRANSFAIR USA

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23

48 2023.05000 TRANSFAIR USA

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Id		e tax retur	113.				
	lentification						
Type or	Name of exempt organization, employer, or other filer	Taxpayer	Taxpayer identification number (TIN)				
Print	TRANSFAIR USA	41-1848081					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 360 GRAND AVE ., 311	ee instruct	ions.				
return. See instructions.	City, town or post office, state, and ZIP code. For a for OAKLAND, CA 94610-4840	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01	
Applicatio			Application Is For			Return	
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	0 (individual)	03	Form 5227			10	
Form 990-		04	Form 6069			11	
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	-T (trust other than above)	06	Form 5330 (individual)			13	
	-T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08				17	
	ou enter your Return Code, complete either Part II or Part		Lincluding signature is applicable of	only for an	extension of		
Dia							
Plar Part II - Au The bo Teleph	none No. <u>415-840-4116</u>	311 -	OAKLAND, CA 94610- Fax No.				
Plar Part II - Au The bo Teleph • If the o	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organic poks are in the care of <u>CARLOS RUIZ</u> 360 GRAND AVE. #3 none No. <u>415-840-4116</u> organization does not have an office or place of business	311 –	OAKLAND, CA 94610- Fax No				
Plar Part II - Au The bo Teleph If the o If this is	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi boks are in the care of <u>CARLOS RUIZ</u> 360 GRAND AVE #3 none No. <u>415-840-4116</u> organization does not have an office or place of business is for a Group Return, enter the organization's four-digit C	311 – s in the Uni Group Exe	OAKLAND, CA 94610- Fax No ited States, check this box mption Number (GEN)	If this is fo	r the whole grou	p, check this	
Plar Part II - Au The bo Teleph If the o If this is box[n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi boks are in the care of $\frac{CARLOS RUIZ}{360 GRAND AVE. #3}$ none No. $\underline{415 - 840 - 4116}$ organization does not have an office or place of business is for a Group Return, enter the organization's four-digit C I fi ti s for part of the group, check this box	311 – in the Uni Group Exe] and atta	OAKLAND, CA 94610 - Fax No ited States, check this box mption Number (GEN) ch a list with the names and TINs of	If this is for	r the whole grou ers the extensior	p, check this n is for.	
Plar Part II - Au The bo Teleph If the o If this is box[1 rec	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi boks are in the care of <u>CARLOS RUIZ</u> 360 GRAND AVE #3 none No. <u>415-840-4116</u> organization does not have an office or place of business is for a Group Return, enter the organization's four-digit C	311 – in the Uni Group Exe and atta OVEMB	OAKLAND, CA 94610- Fax No	If this is for	r the whole grou ers the extensior	p, check this n is for.	
Plar Part II - Au The bo Teleph If the o If this is box[1 rec	$\frac{1}{1} \frac{1}{1} \frac{1}$	311 – in the Uni Group Exe and atta DVEMBI anization's	OAKLAND, CA 94610 - Fax No	If this is for all membe e the exem	r the whole grou ers the extensior npt organization	p, check this <u>n is for.</u> return for	
Plar Part II - Au The bo Teleph If the o If this is box[1 I rec the X	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi poks are in the care of CARLOS RUIZ 360 GRAND AVE • # 3 none No. $415-840-4116$ organization does not have an office or place of business is for a Group Return, enter the organization's four-digit C . If it is for part of the group, check this box[quest an automatic 6-month extension of time until NC organization named above. The extension is for the organization calendar year 20 23 or	B11 – in the Uni Group Exe and atta DVEMBI anization's	OAKLAND, CA 94610 - Fax No	If this is for all membe e the exem	r the whole grou ers the extensior pt organization	p, check this <u>n is for.</u> return for	
Plar Part II - Au The bo Teleph If the o If this is box[1 I rec the X 2 If th	In Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi boks are in the care of CARLOS RUIZ 360 GRAND AVE • #3 hone No. $415-840-4116$ organization does not have an office or place of business is for a Group Return, enter the organization's four-digit (. If it is for part of the group, check this box[quest an automatic 6-month extension of time until NC organization named above. The extension is for the organization calendar year 20 23 or tax year beginning	311 – in the Uni Group Exe and atta DVEMBI anization's , 20 heck reaso	OAKLAND, CA 94610 - Fax No	If this is for all member the exem	r the whole grou ers the extensior pt organization	p, check this n is for. return for , 20	
Plar Part II - Au The bo Teleph If the o If this is box[1 I rec the X 2 If th 3a If th	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi poks are in the care of <u>CARLOS RUIZ</u> <u>360 GRAND AVE.</u> #3 none No. <u>415-840-4116</u> organization does not have an office or place of business is for a Group Return, enter the organization's four-digit (<u>.</u> . If it is for part of the group, check this box[quest an automatic 6-month extension of time until <u>NC</u> organization named above. The extension is for the organization calendar year 20 <u>23</u> or tax year beginning the tax year entered in line 1 is for less than 12 months, ch <u>Change in accounting period</u>	311 – in the Uni Group Exe and atta DVEMBI anization's , 20 heck reaso	OAKLAND, CA 94610 - Fax No	If this is for all member the exem	r the whole grou ers the extensior pt organization	p, check this n is for. return for , 20	
Plar Part II - Au The bo Teleph If the o If this is box[1 I rec the X 2 If th 3a If th any	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi poks are in the care of <u>CARLOS RUIZ</u> <u>360 GRAND AVE .</u> # 3 none No. <u>415-840-4116</u> organization does not have an office or place of business is for a Group Return, enter the organization's four-digit O . If it is for part of the group, check this box[quest an automatic 6-month extension of time until <u>NC</u> organization named above. The extension is for the organization and above. The extension and above. The extension is for the organization and above. The extension an	B11 – in the Uni Group Exe and atta DVEMBI anization's , 20 heck reaso , enter the	OAKLAND, CA 94610 - Fax No	If this is for all membe e the exem Final retur	r the whole grou ers the extension npt organization	p, check this n is for. return for , 20	
Plar Part II - Au The bo Teleph If the o If this is box[1 I rec the X 2 If th 3a If th any b If th	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi poks are in the care of <u>CARLOS RUIZ</u> <u>360 GRAND AVE.</u> # 3 none No. <u>415-840-4116</u> organization does not have an office or place of business is for a Group Return, enter the organization's four-digit C . If it is for part of the group, check this box[quest an automatic 6-month extension of time until <u>NC</u> organization named above. The extension is for the organization named above. The extension is for the organization and above. The extension and above above a start provide the extension and above abo	B11 – in the Uni Group Exe and atta DVEMBI anization's , 20 , 20 , 20 , enter the , enter any	OAKLAND, CA 94610 - Fax No	If this is for all membe e the exem Final retur	r the whole grou ers the extension npt organization	p, check this <u>n is for.</u> return for	
Plar Part II - Au The bo Teleph If the o If this is box[1 I rec the Z If th 3a If th any b If th estii c Bala	n Year Ending (MM/DD/YYYY) utomatic Extension of Time To File for Exempt Organi boks are in the care of CARLOS RUIZ 360 GRAND AVE • #3 none No. 415-840-4116 organization does not have an office or place of business is for a Group Return, enter the organization's four-digit C . If it is for part of the group, check this box[quest an automatic 6-month extension of time until <u>NC</u> organization named above. The extension is for the organization and above. The extension and above and the organization and above. The extension and above and the organization and above above and the above and the organization and above above and the organization and above a	B11 – in the Uni Group Exe and atta DVEMBI anization's , 20 heck reaso , enter the , enter any ayment all yment with	OAKLAND, CA 94610 - Fax No	If this is for all member e the exem Final retur 3a	r the whole grou ers the extension npt organization	p, check this n is for. return for , 20	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.