Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

_		nue Service			uctions					Inspection
	For th	e 2021 calendar y	rear, or tax year begin	ning		, 2021	, and end	ding	1	, 20
	Check if	applicable:	C Name of organization EF	TC USA					D Emp	loyer identification number
X	Address	change	Doing business as ED	UCATION FOR THE CHI	LDREN					26-0648715
Ш	Name cl	nange	Number and street (or P.	O. box if mail is not delivered to street a	ddress)		Room/s	uite	E Telep	phone number
	Initial ret	turn	10109 LAKE CRE	EK PARKWAY NO 17023	4					(512)470-9982
	Final ret	urn/terminated	City or town, state or prov	vince, country, and ZIP or foreign postal	code				G Gros	ss receipts
	Amende	d return	AUSTIN, TX 787	29					\$	220,648
П	Applicati	ion pending	F Name and address of prin	ncipal officer: BRIEN ASHDOWN	ī			H(a) Is this a	group return	for subordinates? Yes X No
_			POB OGDEN UT 8							tes included? Yes No
	Tax-exe	mpt status: X 501) ◀ (insert no.) 4947(a)(1)	or \square	527		1		st. See instructions
		:: ► N/A	(0)(0)) 1 (insert ins.) 10 17 (a)(17)	<u>«. </u>	02.		H(c) Group		
		organization: X Corp	poration Trust Ass	ociation Other ►		L Year of forn	nation: 20			gal domicile: CA
	rt I	Summary	poration riust Ass	ociation Other >		L real of form	IAIIOII. 20	TO IM	State of le	gai domicile. CA
1 6			the examination's missi	an ar most significant satisfities	. 50	DDOUTDE	017007			
	1	•	-	on or most significant activities	. <u>TO</u>	PROVIDE	ONGOL	NG FINAN	ICIAL	SUPPORT FOR THE
به		SCHOOL OF E	HOPE IN GUATEMA	LA.						
anc anc										
ř										
Governance	2	Check this box ▶	► ☐ if the organization	discontinued its operations or	disposed	of more that	ın 25% of	its net asse	ets.	I
ڻ مخ	3		•	• • • • • • • • • • • • • • • • • • • •						5
Activities &	4	Number of indep	endent voting member	s of the governing body (Part $ackslash$	/I, line 1b)			. 4	5
itie	5	Total number of	individuals employed in	calendar year 2021 (Part V, li	ne 2a)				. 5	1
ફ	6	Total number of	volunteers (estimate if i	necessary)					. 6	
⋖	7a	Total unrelated b	ousiness revenue from	Part VIII, column (C), line 12					. 7a	0
	b	Net unrelated bu	usiness taxable income	from Form 990-T, Part I, line 1	1				. 7b	0
								Prior Year		Current Year
	8	Contributions and	d grants (Part VIII. line	1h)					5,796	220,648
ø	9		- :	e 2g)					3,7,30	0
ž	10	•	,	x), lines 3, 4, and 7d)						0
Revenue	11								2 (42	0
œ				es 5, 6d, 8c, 9c, 10c, and 11e)					9,642	0 0 0 0 0
	12			must equal Part VIII, column (A		,			5,438	220,648
	13			X, column (A), lines 1-3)				201	7,903	149,193
	14		or for members (Part I)			0				
s	15		ompensation, employee	17	7,047	18,626				
Expenses	16a	Professional fund	draising fees (Part IX, o			0				
þe	k	-	expenses (Part IX, col	· · · · —			0			
Щ	17	Other expenses	(Part IX, column (A), lir	nes 11a-11d, 11f-24e)				9	9,548	7,899
	18	Total expenses.	Add lines 13-17 (must	equal Part IX, column (A), line	25) .			234	4,498	175,718
	19	Revenue less ex	penses. Subtract line	18 from line 12				(18	3,060	44,930
7	ß						Beg	inning of Curr	ent Year	End of Year
Net Assets or	20	Total assets (Pa	rt X, line 16)					18	3,666	63,596
Ass	21	Total liabilities (F	Part X, line 26)							0
Ę,	22	Net assets or fur	nd balances. Subtract	line 21 from line 20				18	3,666	63,596
Pa	rt II	Signature	Block							
				rn, including accompanying schedules a				owledge and be	lief, it is	
true	correct	, and complete. Declarat	ion of preparer (other than offi	cer) is based on all information of which	preparer ha	as any knowledg	e.			
		OCTAVIO	HINOJOSA MIER							
Sig	n	Signature of c							Da	ate
He		OCTAVIC	UTNOTOGA MIED	, EXECUTIE DIRECTOR						
	•	I -	name and title	, LABCOILE DIRECTOR						
		Print/Type prepare		Preparer's signature		Date		Ol 1		PTIN
Pai	Ч			,			2022	Check	_	
		Kristy Pac				09-06-2	4022	self-em	ployed	P01503226
	pare		PACK TAX					Firm's EIN		
US	e Onl	y Firm's address ▶	2325 N 4					Phone no.		
			Ogden UT						801-	660-8200
May	the IR	S discuss this retu	im with the preparer sh	own above? See instructions						Yes X No

) (Revenue \$

including grants of \$

(Expenses \$

Part IV Checklist of Required Schedules

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

	rt IV Checklist of Required Schedules (continued)	/15		age
	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		
00	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		
27	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	20		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	21		X
20	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			
a	"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
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		- 22
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>			х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	Followthe combined and dis Boson of Francisco St. 10. W. 11. W. 11.		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1-		
	reportable gaming (gambling) winnings to prize winners?	1c	X	$oldsymbol{oldsymbol{oldsymbol{eta}}}$

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.		
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		77
٨	If "Yes," indicate the number of Forms 8282 filed during the year	7c		Х
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		х
0	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C 1/12	Enter the amount of reserves on hand	140		7.7
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Х
ь 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		А
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part VI

Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other 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 of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	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:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
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		х
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 Tennessee			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

OCTAVIO A HINOJOSA MIER (512)470-9982, 10109 LAKE CREEK PARKWAY NO 170234, AUSTIN,

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

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

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

Section A.

Check this box if neither the organization nor any rela	ted organizati	on co	mper	nsate	ed a	ny curr	ent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations W-2/	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC	organization and related organizations
(1) OCTAVIO HINOJOSA MIER	20.00									
EXECUTIVE DIRECTOR					X			9,610	0	0
(2) BRIEN ASHDOWN	10.00									
BOARD PRESIDENT				Х	X			7,599	0	0
(3) KELSEY CARLTON	2.00									
BOARD MEMBER				х				0	0	0
(4) MICHELLE AITKEN	2.00									
BOARD MEMEBER				x				0	0	0
(5) PAIGE MOFFETT	5.00									
SECRETARY OF THE BOARD				х				0	0	0
(6) SOPHIE MCKEE	2.00									
BOARD MEMBER				х				0	0	0
(7)										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
<u>(11)</u>										
(12)										
<u>(13)</u>										
<u>(14)</u>										

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	mp	ensated Employe	es (continued)			
					((C)							
	(A)	(B)	(do r	not che		sition ore th	han one		(D)	(E)		(F)	
	Name and title	Average hours	box,	unles	s per	son is	s both ar	n	Reportable compensation	Reportable compensation	Estin	nated am of other	
		per week	Offic	er and	a a aii	rector	/trustee))	from the	from related	1	mpensat	tion
		(list any	or	Ins	Officer		em	77	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/		from the anization	
		hours for related	lividu	titutic	icer	y emp	jhest ploye	Former	1099-NEC)	1099-NEC)	relate	d organiz	zations
		organizations	Individual trustee or director	Institutional trustee		Key employee	comp						
		below dotted line)	stee	ustee		Φ	Highest compensated employee						
		,					ted						
(15)													
Y = /													
(16)													
-													
<u>(17)</u>													
(18)													
(10)													
(19)													
(20)													
-													
(21)													
(22)													
Σ=/													
(23)													
-													
<u>(24)</u>													
(25)													
<u>(23)</u>													
1b	Subtotal							· •					
С	Total from continuation sheets to Part VII, Sect	ion A .											
d	Total (add lines 1b and 1c)									0			0
2	Total number of individuals (including but not limit		isted a	bove	e) wł	no re	eceive	d mo	ore than \$100,000	of			_
	reportable compensation from the organization	<u>*</u>										Yes	0 No
3	Did the organization list any former officer, direct	tor, trustee.	kev en	volar	ee.	or h	iahest	con	mpensated			163	140
	employee on line 1a? If "Yes," complete Schedu.		-				-				. 3		x
4	For any individual listed on line 1a, is the sum of re	eportable cor	mpensa	ation	and	oth	er com	npen	sation from the				
	organization and related organizations greater th					•							
_	individual									• • • • • • • •	. 4		Х
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			_				. 5		
Secti	on B. Independent Contractors	s, complete	Scried	uie c	101	Suc	n pers	OH		<u> </u>	. 3		X
1	Complete this table for your five highest compensa	ited independ	dent co	ntrac	ctors	tha	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp												
	(A)								(B)		(C)		
	Name and business address	SS							Description of service	es	Compen	sation	
-													
2	Total number of independent contractors (including	g but not lim	ited to	thos	e lis	ted a	above)) wh	10				
	received more than \$100,000 of compensation fro	m the organi	zation	>									

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EFTC USA

Part VIII

Statement	of F	2even	III
Statement	יו וט	/E/E	ıuc

		Check if Schedule O contains a respo	nse or n	ote to any line in thi	s Part VIII			[
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1g		220,648			sections 512–514
Program Service Revenue	b c d e f	All other program service revenue Total. Add lines 2a-2f						
Other Revenue	4 5 6a b c d 7a b c d 8a b c c 10a	Investment income (including dividends, i other similar amounts)	eal eal arrities 8a 8b ents 9a 9b es 10a	eeds				
Miscellanous Revenue	11a b c	Net income or (loss) from sales of invent All other revenue	ory	Business Code				
	•	Total. Add lines 11a-11d			220,648	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV. line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 149,193 149,193 Compensation of current officers, directors, 5 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 18,626 18,626 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): b Legal...... 5,263 5,263 Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 2,636 2,636 12 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а b C d е All other expenses Total functional expenses. Add lines 1 through 24e. . 25 175,718 175,718 0 0 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)

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	18,666	1	63,596
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	18,666	16	63,596
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		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	0	26	0
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
Ś		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	18,666	27	63,596
ala	28	Net assets with donor restrictions		28	
DE E		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
9	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	18,666	32	63,596
_	33	Total liabilities and net assets/fund balances	18,666	33	63,596

EEA Form **990** (2021)

Form	990 (2021) EFTC USA 2	6-06487	715	Pa	age 1 2
Par	t 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		220,	648
2	Total expenses (must equal Part IX, column (A), line 25)	2		175,	718
3	Revenue less expenses. Subtract line 2 from line 1	3		44,	,930
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		18,	,666
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		63,	,596
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? $\dots \dots$. 2a		х
	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 ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant? \dots		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		. 3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2021)

EEA

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

EFTC	TC USA 26-0648715									
Par	t I	Reason for Public Chari	ity Status. (Al	l organizations mus	t comple	ete this p	art.) See instruction	ons.		
The o	rgaı	anization is not a private foundation bed	cause it is: (For lin	es 1 through 12, check of	nly one bo	x.)				
1		A church, convention of churches, o	or association of cl	hurches described in se	ction 170(b)(1)(A)(i)				
2		A school described in section 170(b	b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)					
3		A hospital or a cooperative hospital	service organizati	ion described in section	170(b)(1)	(A)(iii).				
4		A medical research organization ope	erated in conjunct	ion with a hospital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the			
		hospital's name, city, and state:								
5		An organization operated for the ben	nefit of a college or	r university owned or ope	erated by a	governme	ental unit described in			
		section 170(b)(1)(A)(iv). (Complete	e Part II.)							
6		A federal, state, or local governmen	t or governmental	unit described in section	n 170(b)(ʻ	1)(A)(v).				
7	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
		described in section 170(b)(1)(A)(v	i). (Complete Par	t II.)						
8		A community trust described in sect	tion 170(b)(1)(A)(vi). (Complete Part II.)						
9		An agricultural research organization	n described in se d	ction 170(b)(1)(A)(ix) op	erated in	conjunctio	n with a land-grant coll	ege		
		or university or a non-land-grant colle	ege of agriculture	(see instructions). Enter	the name,	city, and st	ate of the college or			
		university:								
10		An organization that normally receive	es: (1) more than 3	33 1/3% of its support from	m contribu	utions, men	nbership fees, and gros	S		
		receipts from activities related to its support from gross investment incom	exempt functions, ne and unrelated b	subject to certain except ousiness taxable income	ions; and ((less secti	(2) no mor on 511 tax	e than 33 1/3% of its) from businesses			
	_	_ acquired by the organization after Ju	une 30, 1975. See	e section 509(a)(2). (Co	mplete Pa	rt III.)	,			
11	Ц	An organization organized and oper	-							
12	Ш	An organization organized and opera	•	•						
		one or more publicly supported orga						3). Check		
		the box in lines 12a through 12d that	,,			•				
а				•		-		ving		
		the supported organization(s) the			•	directors	or trustees of the			
		supporting organization. You m	-							
b		Type II. A supporting organization	•				• . , , .	~		
		control or management of the su		•	ersons tha	t control o	r manage the supporte	d		
		organization(s). You must com	•							
С		☐ Type III functionally integrated	•	•			, ,	with,		
		its supported organization(s) (se	•	-						
d		☐ Type III non-functionally integ					0	` '		
		that is not functionally integrated	· ·			•	ent and an attentivenes	S		
		requirement (see instructions).	-				. T			
е		Check this box if the organization				• • •	ı, туреті, туретіі			
	_	functionally integrated, or Type I	-	integrated supporting or	ganization	.				
f		Enter the number of supported organiz						• • •		
g		Provide the following information about		` ,	(iv) la tha a		(a) Amount of monotons	(vi) Amount of		
	(1) 14	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	•	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docum		instructions)	instructions)		
					Yes	No				
					103	140				
(A)										
(B)										
(C)										
(D)										
(E)										
Tatal										

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	110,880	180,559	283,281	206,796	205,027	986,543
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	110,880	180,559	283,281	206,796	205,027	986,543
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						28,154
6	Public support. Subtract line 5 from line 4.						958,389
	on B. Total Support		Г		I	l	
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	110,880	180,559	283,281	206,796	205,027	986,543
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						986,543
12	Gross receipts from related activities, etc.					12	
13	First 5 years. If the Form 990 is for the or	-			-	•	
	organization, check this box and stop her						▶ □
	on C. Computation of Public Suppor			4 1 (0)		4.4	
	Public support percentage for 2021 (line 6					14	97.15 %
15	Public support percentage from 2020 Sch		•			1/00/	95.03 %
16a	33 1/3% support test - 2021. If the organ						
L	box and stop here. The organization qual	-		-			
b	33 1/3% support test - 2020. If the organ this box and stop here. The organization						
170	10%-facts-and-circumstances test - 202	-		-			
17a	10% or more, and if the organization meet	-					
	_						
	Part VI how the organization meets the fac			•	•		
L	organization						_
b	10%-facts-and-circumstances test - 202	-					
	15 is 10% or more, and if the organization					-	•
	in Part VI how the organization meets the			-	=		
19	organization						
18	•						
	instructions			<u> </u>	· · · · · · · ·		· · · · · ·

EEA Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 EFTC USA 26-0648715 Page 3

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support			, ,	•	,	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2017	(5) 2010	(0) 2010	(4) 2020	(6) 2021	(i) rotar
10a	Gross income from interest, dividends,						
·ou	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
.0	and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's fi	rst second thi	rd fourth or fit	⊥ fth tay vear as :	section 501/	2)(3)
17	organization, check this box and stop her	-				=	
Secti	on C. Computation of Public Suppor			<u> </u>		<u> </u>	· · · · · · <u> </u>
15	Public support percentage for 2021 (line 8			13. column (f))		15	%
16	Public support percentage from 2020 Sch		•			16	
	on D. Computation of Investment Inc						
17	Investment income percentage for 2021 (I			v line 13 colu	mn (f))	17	%
18	Investment income percentage from 2020			-		18	
19a	33 1/3% support tests - 2021. If the orga						
. va	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2020. If the organizati	=	-	· · · · · · · · · · · · · · · · · · ·			
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization di	-	•	•		-	_
<u> </u>	a.e .e a a a.e iii ii alo organizadon ar	<u></u>				555	

Schedule A (Form 990) 2021 EFTC USA 26-0648715 Page 4

Part IV **Supporting Organizations**

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

S

ecti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	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.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in 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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which		_	
	the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
I0a	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 10b below.	10a		

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Schedule A (Form 990) 2021
Part IV Supporti 26-0648715 Page 5 EFTC USA

Part I	Supporting Organizations (continued)			
			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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			ı
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Cooti	supervised, or controlled the supporting organization.	2		
Secur	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
	y y y y y y y y y y y y y y y y y y y		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 in 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	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see) inst	ructio	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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	20		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	ŽΝ		
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Schedule A (Form 990) 2021 EFTC USA 26-0648715 Page 6

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations				
1							
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Secti	ons A through E.			
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year			
	Not about tarm conital gain	1		(optional)			
1 2	Net short-term capital gain	2					
	Recoveries of prior-year distributions						
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of	_					
	property held for production of income (see instructions)	6					
	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
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					
	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
-	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona		ntegrated Type III suppor	ting organization			
		,		. 3 - 3			

EEA Schedule A (Form 990) 2021

(see instructions).

Schedule	e A (Form 990) 2021 EFTC USA		26-	0648	3715 Page 7
Part		3) Supporting Organ			· ·
Section	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021		(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI . See instructions.				
	Remaining underdistributions for 2021 Subtract lines 3h				

EEA Schedule A (Form 990) 2021

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

B Breakdown of line 7:
a Excess from 2017
b Excess from 2018
c Excess from 2019
d Excess from 2020
e Excess from 2021

and 4c.

Schedule A (Form 990) 2021 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 G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

Employer identification number

	USA					26-064	
Part		•	_		ered "Yes" on F	orm 990, Part IV,	line 17.
	Form 990-EZ filers are not						
1	Indicate whether the organization ra	ised funds through					
а	Mail solicitations		e L		of non-government	-	
b	☐ Internet and email solicitations		f		of government gran	ts	
С.	☐ Phone solicitations		g	_ Special fun	ndraising events		
d	In-person solicitations		20-20-20-20-20-20-20-20-20-20-20-20-20-2	tale at the about		to a to a c	
2a	Did the organization have a written	-	-		-		□ v ₋ □ v ₋
	or key employees listed in Form 990				=		∐ Yes ∐ No
b	If "Yes," list the 10 highest paid indiv		unaraisers) p	oursuant to ag	reements under whi	ch the fundraiser is to t	ре
	compensated at least \$5,000 by the	organization.					
	(i) Name and address of individual	(ii) Activity		ndraiser have or control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(1)		butions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1							
2							
3							
4							
_							
5							
6							
7							
8							
9							
0							
Total							
3	List all states in which the organizat				tions or has been no	atified it is exempt from	
J	registration or licensing.	ion is registered of	ilocrisca to s	onon contribu	nons of mas been ne	ninea it is exempt nom	

 Schedule G (Form 990) 2021
 EFTC USA
 26-0648715
 Page 2

Pa	rt II	Fundraising Events. Com	-			
		than \$15,000 of fundraising gross receipts greater than		d gross income on Form	n 990-E∠, lines 1 and 6b	. List events with
		J 1 J	(a) Event #1 FUNDRAISING	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e						
Kevenue	1	Gross receipts				
ጀ						
	2	Less: Contributions	23,209			23,209
	3	Gross income (line 1 minus	(00.000)			(00.000)
		line 2)	(23,209)			(23,209)
	4	Cash prizes				
	5	Noncash prizes				
S	6	Rent/facility costs				
ense		•				
t Exp	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lin	nes 4 through 9 in column (c	4)	•	
	11	Net income summary. Subtract li				(23,209)
Pa	rt III					
		\$15,000 on Form 990-EZ, li	-	·		
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
es	2	Cash prizes				
xbens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	_	Other d'acet company				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No		
	7	Direct expense summary. Add lin	nes 2 through 5 in column (c	d)		
	8	Net gaming income summary. Su	ubtract line 7 from line 1 co	lump (d)	_	
		Net garning income summary. So	nonnine i, co	iumi (a)		
9) En	nter the state(s) in which the organiz	zation conducts gaming act	ivities:		
		the organization licensed to conduc				Yes N
	b If "	"No," explain:				
	_					
10	a W	ere any of the organization's gamin	 ig licenses revoked. suspen	nded, or terminated during t	the tax year?	Yes N
		IIVaa II assalaisa	ig noonses revened, suspen		•	
					·	

EEA Schedule G (Form 990) 2021

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** EFTC USA 26-0648715

01. Governing body meeting documentation (Part VI, line 8a)
SCHEDULE
02. Committee meeting documentation (Part VI, line 8b)
SCHEDULE
03. Form 990 governing body review (Part VI, line 11)
SCHEDULE
OA Grafiish of interest maline compliance (Doub WT line 10s)
04. Conflict of interest policy compliance (Part VI, line 12c)
INCLUDED
OF GEO everytive dimester ten management semm (Pent VI line 15a)
05. CEO, executive director, top management comp (Part VI, line 15a)
SCHEDULE
06. Other officer or key employee compensation (Part VI, line 15b
OU. Other Officer of key employee compensation (raft VI, fine 135
SCHEDULE
07. Governing documents, etc, available to public (Part VI, line 19)
SCHEDULE

TAXABLE YEAR 2021

California Exempt Organization Annual Information Return

199

Calenda	r Year 2021 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/c	ld/yyyy)	
Corporation	n/Organization name		California co	orporation number
EFTC	USA		3019	025
Additional i	nformation. See instructions.		FEIN	
			26-0	648715
Street add	ress (suite or room)			PMB no.
1010	9 LAKE CREEK PARKWAY NO 170234			
City			State	Zip code
AUST:	IN		TX	78729
Foreign co	untry name Foreign province/state	e/county		Foreign postal code
A First retu	ırn · · · · · · D Yes No	Did the organization have any changes to its	guidelines	
B Amende	d return · · · · · · · · · · · · · · · · · · ·	not reported to the FTB? See instructions		• • • • Yes N
C IRC Sec	tion 4947(a)(1) trust • • • • • • • • • • • • L Yes No	J If exempt under R&TC Section 23701d, has to	ne organization	n
D Final inf	ormation return?	engaged in political activities? See instruction	.s • • •	····· • Yes N
	issolved Surrendered (Withdrawn) Merged/Reorganized	K Is the organization exempt under R&TC Section	on 23701g? •	●
	ite: (mm/dd/yyyy)	If "Yes," enter the gross receipts from nonmer		•\$
	ccounting method: (1) Cash (2) Accrual (3) Other	L Is the organization a limited liability company'		●
_	return filed? (1) ● 990T (2) ● 990PF (3) ● Sch H (990)	M Did the organization file Form 100 or Form 10		
_	ther 990 series	taxable income? • • • • • • • •		· · · · · · • Yes N
	group filing? See instructions · · · · · · · · •	,		•□□
	ganization in a group exemption · · · · · · · L Yes No	' '		= =
If "Yes,"	what is the parent's name?	O Is federal Form 1023/1024 pending?		· · · · · · L Yes L N
		Date filed with IRS		
Part I	Complete Part I unless not required to file this form. See General Information	B and C		
	Gross sales or receipts from other sources. From Side 2, Part II, line 8		,	• 1 0
	2 Gross dues and assessments from members and affiliates · · · · ·			• 2 0
Receipts	3 Gross contributions, gifts, grants, and similar amounts received · · · ·			• 3 0
and Revenues	4 Total gross receipts for filing requirement test. Add line 1 through line 3.			
	This line must be completed. If the result is less than \$50,000, see General le	nformation B • • • • • • • • • • • • • • • • • •		• 4 0 0
	5 Cost of goods sold • • • • • • • • • • • • • • • • • • •	• 5	С	00
	6 Cost or other basis, and sales expenses of assets sold • • • • • • •	• 6	С	00
	7 Total costs. Add line 5 and line 6 · · · · · · · · · · · · · · · · · ·			7 0
	8 Total gross income. Subtract line 7 from line 4 · · · · · · · · · · · · · · · · · ·			e 8 0
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 · · · ·			9 0
Lxpelises	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line	8		• 10 O
	11 Total payments • • • • • • • • • • • • • • • • • • •			• 11 0
Filing	12 Use tax. See General Information K			• 12 O
Fee	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11			• 13 0
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12			• 14 0
	15 Penalties and interest. See General Information J			. 15 0
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Under penalties of perjury, I declare that I have examined this return, including ac	companying schedules and statements, and to the h	est of my know	
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is base	d on all information of which preparer has any knowl	edge.	
Here	Signature of officer CTAVIO HINOJOSA MIER	EXECUTIE DIRE07/18	/2022	512-470-9982
	of officer MCTAVIO HINOJOSA MIER			●PTIN
	Preparer's	Date Check if se Check i		P01503226
Paid	signature •	09/00/2022 employed		●Firm's FEIN
Preparer's Use Only	Firm's name (or yours, if self-employed) PACK TAX CO			81-3205454
-	and address 2325 N 400 E			●Telephone
	OGDEN, UT 84414			801-660-8200
	May the FTB discuss this return with the preparer shown above? See instructions			• Yes X No

A Gross rents	Part		rganizations with gross receipts of more	•					26	0649715
2 nerest 2 0 0 0 0				-				<u> </u>	20-	
3 Diolands			·							
A Cross ronlis		2								00
4 Gross from 4 Gross from 5 0 0 0	Recein							• 3		00
6 Gross amount received from saile of assets (See instructions)	from	. 4						• 4		00
S	Other		Gross royalties · · · · · · · · · · · · · · · · · · ·					• 5		00
8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	Source	s 6	Gross amount received from sale of asset	s (See instructions) .				• 6		00
9 Contributions, gifts, grants, and similar amounts paid. Attach schedule		7	7 Other income. Attach schedule					• 7		00
10 Disbussements to or for members 10 0 0 0 0 0 0 0		8	3 Total gross sales or receipts from other sources	s. Add line 1 through line 7. I	Enter	here and on Side 1, Pa	rt I, line 1	. 8		00
10 Disbussements to or for members 10 0 0 0 0 0 0 0		وا	O Contributions, gifts, grants, and similar amo	ounts paid. Attach sched	ule			• 9		00
11 Compensation of officers, directors, and trustees. Attach schedule 12 Other sataries and wages 13 000 13 Interest 14 Taxes 14 Taxes 15 000 15 16 Depreciation and depletion (See instructions) 16 Depreciation and depletion (See instructions) 17 Other expenses and disbursements. Attach schedule 18 Total expenses and disbursements. Attach schedule 19 Total expenses and disbursements. Attach schedule 10 Total expenses recorded on books this year not included in this return. Attach schedule 10 Total expenses recorded on books this year not included in this return. Attach schedule 10 Total Add line 9 through the protection 10 Total and the torunt that schedule 10 Total Add line 9 through the protection 10 Total and the torunt that schedule 10 Total Add line 9 through the protection 10 Total and the torunt that schedule 10 Total and the torunt that schedule 10 Total Add line 9 through the protection 10 Total and the torunt that schedule 10 Total Add line 9 through the protection 10 Total and line 8 total 10 Total and line 8 total 10 Total and line 8 total 10 Total and line 9 total line 8 total 10 Total and line 9 total line 8 total 10 Total and line 9 total lin		10						• 10		
12 Other salaries and wages 12 13 Interest 13 10 00								<u> </u>		
14 Taxes 13 Interest 14 Taxes 15 14 000 14 Taxes 15 15 000 15 15 000 17 000 000 17 000 000 18 Total expenses and disbursements. Attach schedule 0 17 000 18 Total expenses and disbursements. Attach schedule 0 000								-		
14 Taxes 15 Rents 16	Evnon		_							
15 Rents 15 Depreciation and depletion (See instructions) 16 Depreciation and depletion (See instructions) 16 Depreciation and depletion (See instructions) 17 Other expenses and disbursements. Attach schedule 17 Enter here and on Side 1, Part I, line 9 18 00 00 18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 18 00 00 00 00 00 00 00	expension	1						<u> </u>		
16 Depreciation and depletion (See instructions) 17 Other expenses and disbursements. Attach schedule 17 Other expenses and disbursements. Attach schedule 17 Other expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9								-		
17 Other expenses and disbursements. Attain schedule 17 10 00	ments							<u> </u>		
18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 .								<u> </u>		
Schedule L Balance Sheet Beginning of taxable year End of taxable year			•					-		
Assets										
1 Cash .	Sche	dule	L Balance Sheet	Beginning of	taxa	ble year	En	d of ta	xable yea	ar
Net accounts receivable	Asse	ets		(a)		(b)	(c)			(d)
Net notes receivable	1 (Cash.							•	
Investments in other bonds	2	Net ac	counts receivable						•	
Federal and state government obligations 6 Investments in other bonds 7 Investments in stock 8 Mortgage loans 9 Other investments. Attach schedule 10 a Depreciable assets 1	3	Net no	tes receivable						•	
6 Investments in other bonds	4	nvento	ories · · · · · · · · · · · · · · · · · · ·						•	
6 Investments in other bonds	5	edera	all and state government obligations						•	
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