	~			D	otur	rn of	Ora	oniz	zatio	n E	Ivon	ont	Eror	n Inc	om	<u>ь т</u>	ve			OMB No. 1545-0047
Form	99	JU		п	Clui		ory	amz	Lauo		.XCI	ιpι			,011		72			2022
			Under	secti	ion 501	1(c), 527	7, or 49)47(a)(*	1) of th	ne Inte	ernal F	levenu	e Code	e (excej	pt priv	ate fo	unda	ations)		2022
Departn	nent of	the Treasury		I		enter s		-	-					-						Open to Public
		ue Service				to www.		v/Forn	<i>n990</i> fc	or ins	tructio	ons an								Inspection
	or the	2022 calend				eginnin	ng						, 20	22, and	endir	ng				, 20
		applicable:	C Name of	f organ	ization		C USA											D Empl	•	lentification number
		change	Doing bu				CATIO					EN					_			-0648715
	me cha	-				P.O. box if r	mail is no	t delivere	ed to stree	et addre	ess)			R	oom/suit	e	1	E Telep		
H	tial retu				2014												-		· ·	12)470-9982
H		rn/terminated				ovince, cou		I ZIP or fo	oreign po:	stal coo	le							G Gros	is receip	
H		l return				80220												\$		271,553
L Ap	plicatic	on pending	F Name ar					BRIE	N ASI	HDOW	IN							roup return		
		npt status: X	501(c)(3)		501(c) (JT 844	• 1 4) (insert	t no)		947(a)(1	l) or	52	7			• •		ubordinat		ided? Yes No
	ebsite:		301(0)(3)		301(0) ((110.)	43	547 (a)(1	1) 01		.1					xemption		
			Corporation		Trust	Associa	ation	Other				L	Year of f	ormation:	201			tate of leg		
Par		Summar		<u> </u>				<u></u>												
	1	Briefly descr		ganiz	ation's	mission	or mos	st signif	ficant a	ctivitie	es:	TO PH	ROVID	E ONG	OING	3 FIN	IANC	CIAL	SUPE	PORT FOR THE
		SCHOOL O	-	-				Ū												
Activities & Governance					-	-		-												
nai						-														
Nei	2	Check this be	ox 🗌 if th	he or	ganizat	tion disc	ontinue	d its op	peration	ns or (dispos	ed of m	nore that	an 25%	of its i	net ass	sets.			
ğ	3	Number of v	oting merr	nbers	of the	governir	ng body	y (Part	VI, line	e 1a)	••				• • •		•	3		5
ي م	4	Number of ir	ndepender	nt voti	ing mer	mbers o	of the go	overnin	ig body	/ (Part	: VI, lin	e 1b)			• • •		•	4		5
<i>i</i> tie	5	Total numbe	r of individ	duals	employ	yed in ca	alendar	year 2	2022 (P	art V,	line 2a	ı) . .	• • •		• • •		•	5		1
vctiv	6	Total numbe	r of volunt	leers	(estima	ate if nec	cessary	/) •		•••	•••		• • •	• • • •	• • •		•	6		
4	7a	Total unrelat	ed busine	ess re	venue	from Par	rt VIII, c	column	ı (C), lin	ne 12	• •		• • •	• • • •	•••		•	7a		0
	b	Net unrelate	d busines	s taxa	able inc	come fro	om Forn	n 990-7	T, Part	I, line	11 .		• • •	• • • •	• • •		•	7b		0
				-										-		Prior \				Current Year
	8	Contributions	-											F			220	,648		271,553
nue	9	Program ser		•			•							- F						0
Revenue	10	Investment in							,					F						0
œ	11	Other revenu												- F				640		0
	12 13	Total revenue Grants and s																,648 102		271,553
	14	Benefits paid			• •					,				F			149	,193		<u> </u>
	15	Salaries, oth												F			1 9	,626		19,799
es		Professional	•			-		•			, ·	,		F			10	,020		0
ens		Total fundrai		•	•				,					0						
Expenses	17	Other expension															7	,899		8,448
_	18	Total expens	•		`				,					F				,718		284,951
	19	Revenue les	s expense	əs. S	ubtract	line 18	from lin	1e 12			•••			[,930		(13,398)
r s															Begin	ning of		•		End of Year
ets c lanc	20	Total assets	(Part X, lii	ne 16	s)								• • •	•••			63	,596		50,198
Net Assets or Fund Balances	21	Total liabilitie	es (Part X,	, line	26) .								• • •	[0
	22	Net assets o			s. Sub	tract line	e 21 fro	om line :	20	• • •	•••			•••			63	,596		50,198
Par		Signatu																		
		es of perjury, I dec and complete. Dec													ny know	ledge an	id belie	ef, it is		
		BRIE	N ASHDO	OWN																
Sign		Signature of offic	er															Da	ate	
Here	9	BRIE	N ASHDO	OWN ,	, BOA	RD ME	MBER													
		Type or print nar	ne and title																	

I	lype or print name and title							
	Print/Type preparer's name		Preparer's signature	Date		Check if	PTIN	
Paid	Kristy Pack			08-17-2023		self-employed	P0150322	6
Preparer	Firm's name	PACK TAX	CO		Firm's	EIN		
Use Only	Firm's address	2325 N 4	00 E		Phone	no.		
		Ogden UT	84414			801-	660-8200	
May the IRS	discuss this return with th	ne preparer sh	own above? See instructions	 			🗌 Yes	X No

Form	n 990 (2022) EFTC USA	26-0648715	Page 2
Pa	art 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:		
	TO PROVIDE ONGOING FINANCIAL SUPPORT FOR THE SCHOOL OF HOPE IN GUATEMALA.		
2	Did the organization undertake any significant program services during the year which were not listed on the		_
	prior Form 990 or 990-EZ?	Yes <u>x</u>	No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	🗌 Yes 🛛	No
	If "Yes," describe these changes on Schedule O.	••• [] tes <u>k</u>	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d bv	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$		807)
	WORKED IN PARTNERSHIP WITH A COMMUNITY IN GUATEMALA TO BREAK THE CYCLE OF POV	ERTY THROUGH	I
	EDUCATION BY SUPPORTING A SCHOOL		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	(, , , , , , , , , , , , , , , , , , ,	•	/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
ام (/	Other program convises (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 284,951	/	
EEA		Form	990 (2022)

Forn	m 990 (2022) EFTC USA 26-	0648715	F	age 3
Pa	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	••• 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	•• 4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	•• 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	•• 10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	· · 11a		X
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		X
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		X
е	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	· · 11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	••• 11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	· · 12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	••• 12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	· · 14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	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
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		x
20 a	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

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Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	••••	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.	••••	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a.		24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	••••	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d 05-	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		05-		
h.	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	• • • • • •	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		054		
06	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%				
97	controlled entity or family member or 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		27		Ŧ
28	persons? If "Yes," complete Schedule L, Part III	• • • • • •	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? <i>If</i> "Yes," complete Schedule L, Part IV.		28a		v
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		20a 28b		X X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		200		
С	"Yes," complete Schedule L, Part IV.		28c		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		29		X X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		29		•
30	conservation contributions? If "Yes," complete Schedule M.		30		v
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,"		51		x
32	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		52		•
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		55		•
~	or IV, and Part V, line 1 • • • • • • • • • • • • • • • • • •		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		554		•
0	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		000		•
00	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	••••	00		•
	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		- 57		•
	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
Par				4	L
ı aı	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	o			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	J J			
v	reportable gaming (gambling) winnings to prize winners?		1c	x	

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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 returm	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	x	
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		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).	-		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
ŭ	and services provided to the payor?	. 7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		-	x
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
U	required to file Form 8282?	. 7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	. /0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			x
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • •			x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. ///		•
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	. 8		x
9	Sponsoring organizations maintaining donor advised funds.	. 0		•
	Did the sponsoring organization make any taxable distributions under section 4966?	. 9a		v
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			X X
10	Section 501(c)(7) organizations. Enter:	. 30		•
	Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
b 11				
11	Section 501(c)(12) organizations. Enter:			
a ⊾	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
100	against amounts due or received from them.)	120		
12a		• 12a		
b 12				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	. 13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	• 13a		
h	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			
•	the organization is licensed to issue qualified health plans 13b Enter the amount of reserves on hand 13c			
C 14a	Did the organization receive any payments for indoor tanning services during the tax year?	140		
14a				x
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	• 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	. 15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	. 16		X
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	• 17		
	If "Yes," complete Form 6069.			

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Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	7b below, and for	a "No'	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule				
	Check if Schedule O contains a response or note to any line in this Part VI				X
Se	ction A. Governing Body and Management				
		I		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 5	-		
	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		1b 5	-		
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				
		• • • • • • • •	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6 70	Did the organization have members or stockholders?	••••	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		7a		v
h	one or more members of the governing body?		/a		X
b	stockholders, or persons other than the governing body?		7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		10		x
0	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		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		x
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 on 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 t	o conflicts? • •	12b	X	
C	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?		13		X
14	Did the organization have a written document retention and destruction policy?	•••••	14		X
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?		45-		
a b	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization	•••••	15b	x	
160					
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		TUa		•
U	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 (se	ction 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. /			
	Own website I Another's website I Upon request Other (explain on Sched	ule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of intere	•			
	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 record	ls.			
	BRIEN ASHDOWN (512)470-9982, P.O. BOX 201441, DENVER, CO 80220				

Form 990 (202	2) EFTC USA	26-0648715 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated Employees, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compo	ensated Employees
1a Complete t	this table for all persons required to be listed. Report compensation for the calendar year	ending with or within the
organization's	tax year.	

· List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

			•		(C)					
(A) Name and title	(B) Average hours per week	box,	unles	eck m s per	son is	nan one s both an /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KELSEY CARLTON BOARD MEMBER	2.00			x				0	0	0
(2) MICHELLE AITKEN	2.00									
BOARD MEMEBER				x				0	0	0
(3) SOPHIE MCKEE	2.00									
BOARD MEMBER				x				0	0	0
(4) BRIEN ASHDOWN	10.00									
BOARD PRESIDENT				x	X			0	0	0
(5) PAIGE MOFFETT SECRETARY OF THE BOARD	_ <u>5.00</u>			x				0	0	0
<u>(6)</u>										
<u>(7)</u>										
<u>(8)</u>										
<u>(9)</u>										
<u>(10)</u>										
(11)										
<u>(12)</u>										
<u>(13)</u>										
<u>(14)</u>										
										E 202 (2000)

	90 (2022											06487		Page 8
Part	VII	Section A. Officers, Directors,	Trustees,	Key I	Em	plo	yee	es, an	nd I	Highest Comp	ensated E	mplo	yees (continued
		(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box offic or directo	, unle cer an	Po neck r ess pe nd a d	irson i	han one s both ar /trustee) employee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (1099-MISC, 1099-NEC)	n i W-2/ /	Estimate of comp fron organiz	(F) ed amount other ensation n the cation and rganizations
<u>(15)</u>			dotted line)	_	ŏ			ated						
(16)				-										
<u>(17)</u>				-										
(18)				-										
<u>(</u> 19)				-										
(20)				-										
(21)				-										
<u>(22)</u>				-										
(23)				-										
<u>(24)</u>				-										
<u>(25)</u>				-										
1b c d		al		••••	•••	•••	•••	•••	• •	0		0		0
2	Total n	umber of individuals (including but not lin ble compensation from the organization									of			(
3		organization list any former officer, dire ree on line 1a? <i>If "Yes," complete Schec</i>						-						/es No
4	For any	v individual listed on line 1a, is the sum of cation and related organizations greater	reportable co	ompens	atior	nano	d oth	er com	nper	nsation from the		,	3	X
5	<i>individu</i> Did any	<i>yal</i>		ion from	•• n any	•• / uni	relate	ed org	•• aniz	ation or individual		• • • •	4	x
Secti 1		ndependent Contractors te this table for your five highest compension	sated indeper	ndent co	ntra	ctor	s tha	t recei	ved	more than \$100.00)0 of			
-		nsation from the organization. Report cor										year.		
		(A) Name and business add	ress							(B) Description of service	ces	C	(C) Compensati	on
2	Total n	umber of independent contractors (includ	ling but not lir	nited to	thos	se li	sted	above) wh	10				
		d more than \$100,000 of compensation f	-											

Form 990 (2022)

Form 9		22) EFTC	USA	<u> </u>					26-06487	15 Page 9
Part	VIII	Statement of Rev								
		Check if Schedule O co	ontair	ns a respons	se 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 sections 512–514
	1a	Federated campaigns .	••	• • • • •	1a					
<i>ა</i> "	b	Membership dues	••		1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	0			1c	4,200				
s, G Amo	d	0			1d					
Gift İlar J	e	· · · · · · · · · · · · · · · · · · ·			1e					
ons, Simi	f	All other contributions, gif and similar amounts not in			14	267.252				
ber	g	•• • • • • •			1f	267,353				
d Of	9	lines 1a-1f			1g	\$				
ສີ ບິ	h						271,553			
						Business Code	•			
•	2a									
vice	b									
Ser	C									
Jram Serv Revenue	d									
Program Service Revenue	e	All other program service								
ፈ		Total. Add lines 2a-2f								
	3	Investment income (includi other similar amounts) .								
	4	Income from investment of				1				
	5	Royalties	••							
				(i) Rea	ıl	(ii) Personal				
		Gross rents	-							
		Less: rental expenses								
		Rental income or (loss) Net rental income or (loss)	6c							
		, , , , , , , , , , , , , , , , , , ,	· •	(i) Securiti		(ii) Other				
	/a	Gross amount from sales of assets		(1) 0000111	100					
		other than inventory	7a							
	b	Less: cost or other basis								
е		and sales expenses $\ $.	7b							
ven		Gain or (loss)	L							
r Re		Net gain or (loss)			•••	•••••				
Other Revenue	88	Gross income from fundra	-							
0		events (not including \$			-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .								
	c	Net income or (loss) from	fundı	raising even	ts 🔒	•••••				
	9a	Gross income from gaming	-							
		activities, See Part IV, line								
		Less: direct expenses .			9b					
		Net income or (loss) from	-	ng activities	; _	•••••				
	10a	Gross sales of inventory, l returns and allowances .			10a					
	b	Less: cost of goods sold								
		Net income or (loss) from								
		. /				Business Code				
sn	11a									
ano nue	b									
cell	С									
Miscellanous Revenue	-	All other revenue								
		Total. Add lines 11a-11d Total revenue. See instru					271,553	0	0	0
	14	I JUAI IEVEIIUE. JEE IIISIIU	iouol				211,000	0	0	. U

26

	rt IX Statement of Functional Expenses	
Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all cc	
_	Check if Schedule O contains a response or note to a	(A)
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses
1	Grants and other assistance to domestic organizations	
	and domestic governments. See Part IV, line 21	
2	Grants and other assistance to domestic	
	individuals. See Part IV, line 22	
3	Grants and other assistance to foreign	
	organizations, foreign governments, and	
	foreign individuals. See Part IV, lines 15 and 16	256,704
4	Benefits paid to or for members	
5	Compensation of current officers, directors,	
	trustees, and key employees	
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	Other salaries and wages	19,799
8	Pension plan accruals and contributions (include	
	section 401(k) and 403(b) employer contributions)	
9	Other employee benefits	
10		
11	Fees for services (nonemployees):	
a		c 1-0
b		6,153
C		
d		
e 1	Professional fundraising services. See Part IV, line 17	
f	Investment management fees	
g	Other. (If line 11g amount exceeds 10% of line 25, column	1 624
12	(A) amount, list line 11g expenses on Schedule O.)	1,624
12	Office expenses	
13 14	Information technology	
15	Royalties	
16		
17	Travel	671
18	Payments of travel or entertainment expenses	0,1
	for any federal, state, or local public officials	
19	Conferences, conventions, and meetings	
20		
21	Payments to affiliates	
22	Depreciation, depletion, and amortization	
23		
24	Other expenses. Itemize expenses not covered	
	above (List miscellaneous expenses on line 24e. If	
	line 24e amount exceeds 10% of line 25, column	
	(A), amount, list line 24e expenses on Schedule O.)	
а		
b		
С		

line in this Part IX (A)	(B)	(C)	(D)
Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
256,704	256,704		
230,701	230,704		
19,799	19,799		
6,153	6,153		
1,624	1,624		
671	671		
284,951	284,951	0	0

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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	63,596	1	50,198
	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	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	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		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)	63,596	16	50,198
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat		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			
				25	
	26	Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here X	0	26	0
		3			
ses	97	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions	63 506	27	EQ 100
anc	27 28	Net assets with donor restrictions	63,596	27	50,198
Bal	20	Organizations that do not follow FASB ASC 958, check here		20	
Net Assets or Fund Balances		and complete lines 29 through 33.			
ц Ц	29	Capital stock or trust principal, or current funds		29	
ts o	29 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ssel	30 31	Retained earnings, endowment, accumulated income, or other funds		31	
ît A	32	Total net assets or fund balances	63,596	32	50,198
Re	33	Total liabilities and net assets/fund balances	63,596	33	50,198
			55,590		50,190

EEA

Form 990 (2022)

Form		6-0648715	;	Pa	age 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		271,	553
2	Total expenses (must equal Part IX, column (A), line 25)	2		284,	951
3	Revenue less expenses. Subtract line 2 from line 1	3		(13,	398)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		63,	596
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		50,	198
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		• • •	•••	
		-		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••••	2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	•••••	2b		x
	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?	••••	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				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		x
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		
EEA			Form	990	(2022)

SCHEDULE	A
(Form 990)	

Public Charity Status and Public Support

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

OMB No. 1545-0047	
2022	

•	of the Treasury enue Service	Gata		h to Form 990 or Form <i>m990</i> for instructions a		oot inform	notion	Open to Public Inspection
Name of the	organization	6010	www.iis.gov/For				Employer identification	
	-							
Part I		for Public Cha	rity Statue (A)	l organizations mus	t comple	to this r	26-064871	
				ies 1 through 12, check c				0113.
<u> </u>			·	hurches described in se		,		
=	-			h Schedule E (Form 990			•	
						(A)(iii).		
4 🗌 A								
5 🗌 A	An organization		-	r university owned or ope	erated by a	a governme	ental unit described in	
	• •		,	l unit described in sectio	n 170(b)(⁻	1)(A)(v).		
		•	•	art of its support from a g			rom the general public	
		ection 170(b)(1)(A)(ioni ino gonorai pasno	
_				(vi). (Complete Part II.)				
=	-			ction 170(b)(1)(A)(ix) o	perated in	coniunctio	n with a land-grant co	llege
	0	0		(see instructions). Enter			0	0
	iniversity:	0	0 0	, , , , , , , , , , , , , , , , , , ,	,		Ŭ	
re s	eceipts from a support from gi	ctivities related to its oss investment inco	s exempt functions, me and unrelated b	33 1/3% of its support from subject to certain except pusiness taxable income as section 509(a)(2). (Co	ions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	SS
11 🗌 A	An organizatio	n organized and ope	erated exclusively t	o test for public safety.	See sectio	n 509(a)(4	ł).	
12 🗌 A	An organizatio	n organized and ope	rated exclusively fo	r the benefit of, to perform	n the funct	ions of, or	to carry out the purpo	ses of
0	one or more pu	ublicly supported org	anizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)	3). Check
tł	he box on line	s 12a through 12d th	at describes the typ	pe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.	
а	Type I. A s	supporting organizat	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by g	iving
	the suppor	ted organization(s) t	he power to regula	rly appoint or elect a ma	ority of the	directors	or trustees of the	
	supporting	organization. You r	nust complete Pa	rt IV, Sections A and B	-			
b	Type II. A	supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havi	ng
	control or r	nanagement of the s	upporting organiza	tion vested in the same p	ersons the	t control o	r manage the supporte	ed
_	organizatio	on(s). You must co r	nplete Part IV, Se	ctions A and C.				
C	Type III fu	nctionally integrate	ed. A supporting or	rganization operated in c	onnection	with, and	functionally integrated	l with,
_	its support	ed organization(s) (see instructions). Y	ou must complete Par	IV, Section	ons A, D,	and E.	
d		-		ng organization operate				. ,
			-	n generally must satisfy a			ent and an attentivene	SS
_	-			ete Part IV, Sections A				
e	_	-		en determination from the			I, Type II, Type III	
	-	0 / 11	,	integrated supporting of	ganizatior	l.		
		of supported organ		••••••	• • • • •	••••	• • • • • • • • • • •	•••
•		ving information abo		č				1
(i) Narr	ne of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
A)								
В)								
C)								
D)								
E)								
Total								

	le A (Form 990) 2022 EFTC USA					26-064871	
Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	
-	on A. Public Support						
Caler	ıdar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	180,559	283,281	206,796	205,027	257,807	1,133,470
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	180,559	283,281	206,796	205,027	257,807	1,133,470
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)						99,411
6	Public support. Subtract line 5 from line 4.						1,034,059
	ion B. Total Support						1,031,035
-	idar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	180,559	283,281	206,796	205,027	257,807	1,133,470
8	Gross income from interest, dividends,	100,339	205,201	200,190	205,027	237,007	1,133,470
U	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
9							
	activities, whether or not the business						
10	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		<u> </u>				1,133,470
12	Gross receipts from related activities, etc.	•	,			12) (P)
13	First 5 years. If the Form 990 is for the or	•			•	•	, , ,
	organization, check this box and stop her			••••	••••	• • • • • • • •	•••••
	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line 6		-			14	91.23 %
15	Public support percentage from 2021 Sch					15	97.15 %
16a	33 1/3% support test - 2022. If the organ						
	box and stop here. The organization qua						
b	33 1/3% support test - 2021. If the organ						
	this box and stop here. The organization						
17a	7a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is						
	10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in						
	Part VI how the organization meets the fa	cts-and-circum	stances test.	The organizatio	on qualifies as	a publicly supp	orted
	organization			-	-		_
b	10%-facts-and-circumstances test - 20						
-	15 is 10% or more, and if the organization	-					
	in Part VI how the organization meets the					-	-
	organization			•	•		
18	Private foundation. If the organization di						
	instructions						_
							•••••

Schedu	le A (Form 990) 2022 EFTC USA					26-06	48715	Page 3
Part	III Support Schedule for Organiza	ations Desci	ribed in Sect	ion 509(a)(2))			
	(Complete only if you checked th	e box on line	e 10 of Part I	or if the orgar	nization failed	to quali	fy unde	r Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part II	.)		
Secti	on A. Public Support							
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22	(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							
5	furnished by a governmental unit to the							
	organization without charge							
e	Total. Add lines 1 through 5						<u> </u>	
6 70	-							
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							
	line 6.)							
	on B. Total Support		1	T	1			
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	22	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, .							
	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							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for the or	anization's fi	rst. second. thi	rd. fourth. or fit	fth tax vear as a	a section	501(c)(;	3)
	organization, check this box and stop her	•			•••••			· _
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2022 (line 8			13 column (f))		15		%
16	Public support percentage from 2021 Sch		-			16		%
	on D. Computation of Investment Inc							/0
17	Investment income percentage for 2022 (I		-	v line 13 colu	mn (f))	17		%
18	Investment income percentage from 2022 (investment income percentage from 2021)			-		18		%
10 19a	33 1/3% support tests - 2022. If the orga					-	33 1/20/	
130								
h	17 is not more than 33 1/3%, check this be	-	-				-	
b	33 1/3% support tests - 2021. If the organizati							
20	line 18 is not more than 33 1/3%, check this bo		-			-		
20	Private foundation. If the organization die	и пот спеск а		, 19a, 01 19D, C	HECK THIS DOX 8	inu see li	ISUUCTIO	IIS 🗋

	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete			5
ecti	on A. All Supporting Organizations	Pan	v.)	
CCI			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		103	110
-	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		
a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
u	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	Uu		
2	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		
~	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
С	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
~	Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
а		10		
h	"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	46		
_	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		
а	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?	5c		
	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		
	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		
	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		
a	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.	9c		
)a	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		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A

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Schedule A (Form 990) 2022

Part IV

EFTC USA

Supporting Organizations

Part	IV 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 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 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
ecti	ion B. Type I Supporting Organizations			
			Yes	N
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,			
	supervised, or controlled the supporting organization.	2		
ecti	ion C. Type II Supporting Organizations	_		
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	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		
ooti	ion D. All Type III Supporting Organizations			
;cu	on D. An Type in Supporting Organizations		Yes	N
	Distribution of all states and a first state of a state in the last data of the first state.		res	INC
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		
ecti	ion 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	e 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. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	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			
	that these activities constituted substantially all of its activities.	2a		
h				
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			
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
b	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	04		
	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	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	 involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 			
3	 involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. 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. 	2b 3a		
3	 involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 			

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 Schedule A (Form 990) 2022
 EFTC
 USA

 Part IV
 Supporting Organizations (continued)

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	o/15 Faye
1	Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	-		,
Secti	on A - Adjusted Net Income	(A) Prior Year	(B) Current Yea (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
Secti	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	ally inte	egrated Type III suppor	ting organization

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

Schedule A (Form 990) 2022

EFTC USA

Schedule A (Form 990) 2022

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	e A (Form 990) 2022 EFTC USA		26-0		8715 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organ	izations (continued	d)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt 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	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in	,			
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				
EEA					Schedule A (Form 990) 202

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
EFTC USA	26-0648715
Organization type (check one):	

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\$

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 E	(Form 990) (2022)		Page 2	
	organization	Emple	oyer identification number	
EFTC US Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is r	<u>26-0648715</u> needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	xxxx xxx xxxxxxxxxxxxx	\$15,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	\$73,089	PersonImage: Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	\$13,157	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	\$5,414	PersonxPayrollNoncash(Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5	xxxxx xxx xxxxxxxxxxxxxxx	\$11,117	PersonxPayrollNoncash(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 G S		Supplement	Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047
(Form 990) Complete if t		the organization and	nization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or ation entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.				, or if the	2022	
organiz									Open to Public
	Department of the Treasury Internal Revenue Service Go to www.irs			<i>v/Form990</i> for instructions and the latest information.					Inspection
Name of	the organization							Employer identific	ation number
EFTC	USA							26-064	8715
Part		sing Activities.	Complete if th	ne organiza	ation ansv	vered "Yes" on I	Form	990, Part IV	, line 17.
		-EZ filers are not	•	-					
1	Indicate whether	the organization rais	ed funds through	any of the foll	lowing activit	ties. Check all that a	pply.		
а	Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants								
b	Internet and e	mail solicitations		f		of government gran			
с									
d	In-person solid	citations		0 _		0			
2a	— ·	ion have a written o	r oral agreement w	ith anv indivi	dual (includir	a officers. directors	. truste	ees.	
	-	s listed in Form 990,	-			-			Yes No
b		0 highest paid individ				-			
		east \$5,000 by the c		/ [-					
		······	3						
	(i) Name and addres or entity (fun		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(Amount paid to or retained by) idraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total									
3	List all states in v	which the organization	n is registered or l	icensed to so	olicit contribu	tions or has been no	otified	it is exempt from	
	registration or lice	ensing.							

			TC USA			-0648715 Page 2			
Pa	rt II	Fundraising Events. Con	· •			-			
		than \$15,000 of fundraisir	-	nd gross income on Form	n 990-EZ, lines 1 and 6k	 List events with 			
		gross receipts greater tha	ın \$5,000.			1			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
nue	4	Cross ressints							
Revenue	1	Gross receipts	•						
	2	Less: Contributions	•						
	3	Gross income (line 1 minus							
		line 2) • • • • • • • • • • • • • • •	•						
		Ocate a fina							
	4	Cash prizes	•						
	5	Noncash prizes	_						
	Ū		•						
ŝ	6	Rent/facility costs	•						
ense									
БХD	7	Food and beverages	•						
Direct Expenses	0	Entortainment							
Ō	8	Entertainment	•						
	9	Other direct expenses	•						
	10	Direct expense summary. Add	-		•••••				
Do	11 rt III	Net income summary. Subtract Gaming. Complete if the				mara than			
Fa		\$15,000 on Form 990-EZ							
		₩13,000 0H1 0HH 330-EZ		(b) Pull tabs/instant		(d) Total gaming (add			
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
<u>ш</u>	1	Gross revenue	•						
	•								
es	2	Cash prizes	•						
seuses	3	Noncash prizes	•						
Ĕ	•		-						
Direct Exp	4	Rent/facility costs	•						
Ō									
	5	Other direct expenses							
	6	Volunteer labor		% _ Yes%	│				
	0								
	7	Direct expense summary. Add	lines 2 through 5 in column	(d)					
	8	Net gaming income summary.	Subtract line 7 from line 1, c	column (d)	••••				
9	En	ter the state(s) in which the organ	nization conducts gaming a	ctivities:					
	a Ist	s the organization licensed to conduct gaming activities in each of these states?							
	b If "	No," explain:							
10	a \//	ere any of the organization's gam	ing licenses revoked succ	anded or terminated during t	he tay year?	🗌 Yes 🗌 No			
		Vee " eveloin.		ended, or terminated during t					
	_	·							

SCHEDULE O Supplemental Information to Form 990 or 990-EZ OMB No. 1545-0047 (Form 990) Complete to provide information for responses to specific questions on 2022 Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. **Open to Public** Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service 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 04. Conflict of interest policy compliance (Part VI, line 12c) INCLUDED 05. CEO, executive director, top management comp (Part VI, line 15a) SCHEDULE 06. Other officer or key employee compensation (Part VI, line 15b SCHEDULE 07. Governing documents, etc, available to public (Part VI, line 19) SCHEDULE