#### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

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.

OMB No. 1545-0047

Comparation   Demployer identification number   PEPC USA   DRA Education for the Children   26-0648715	<u>A</u>	ror tr	ne 2020 calendar year, or tax year beginning and c	enaing		
DBA Education for the Children   Doing business as   Sumber and street (or P.O. box if mail is not delivered to street address)   Score   Sc	В	Check it applicat	ala.		D Employer identific	cation number
Deling business as   Deling business are (or Pt), bor if mail is not delivered to sheet address)   Reconstable   S11 S. Hawthorne Street   S11 S. Hawthorne Street   S25-577-5225   Garden province, country, and 21 Property   S25-577-5225   Garden province, country, and 21 Property   S11 S. Hawthorne Street   S11 S. Hawthorne Street   S12 S. Hawthorne Street   S13 S. Hawth		Addr				
Number and street (or P.D. box II mail is not olivered to Street address)   Room/Sulf   Scale   Scal		¬Nam	a		26-06487	15
State   Stat		Initia retur	, <u> </u>	Room/suite	E Telephone number	r
City or town, state or province, country, and 2/P or foreign postal code    Conserved   Chattanooga, TN 37404   He) is this a group return for subordinates?   Yes   Xho   Name as C above		Final	511 C Hawthorne Street	3629		
Chattanoga, TN 37404		term	in_		G Gross receipts \$	216,530.
Secretary   Same as C above   Tax exempt status:   X 501(c)(3)   501(c)     (insert no.)   4947(a)(1) or   527     11 No., 'attach a list. See instructions   12 No., 'attach a list. See instructions   13 No., 'attach a list. See instructions   13 No., 'attach a list. See instructions   13 No., 'attach a list. See instructions   14 No., 'attach a list. See instructi		Ame retur	Chattanooga, TN 37404		H(a) Is this a group re	eturn
Same as C above		Appl tion	F Name and address of principal officer: Marika Dragotti		7	
Website:   N/A   Hit(g Group exemption number   N/A   Kerrm of organization   X   Corporation   Trust   Association   Other   Lyear of formation: 2015   M State of legal domicile: CA   Part   Summary		pend	same as C above			
Part   Summary	Τ.	Tax-e	xempt status: $\overline{\mathbf{X}}$ 501(c)(3) $\overline{}$ 501(c) ( ) $\overline{}$ (insert no.) $\overline{}$ 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
Briefly describe the organization's mission or most significant activities. To provide ongoing financial support for the School of Hope in Guatemala.	J	Webs	ite: ▶ N/A		H(c) Group exemption	n number 🕨
Briefly describe the organization's mission or most significant activities: To provide ongoing financial support for the School of Hope in Guatemala.	K	Form o	of organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2015 N	N State of legal domicile: CA
Support for the School of Hope in Guatemala.	P	art I	-			
Solution   Solution	4	1			ongoing fir	nancial
Solution   Solution	Š		support for the School of Hope in Guatema	la		
Solution   Solution	r	2	Check this box  if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	sets.
Solution   Solution	ove	3	Number of voting members of the governing body (Part VI, line 1a)			
Solution   Solution	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			
Solution   Solution	Se	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			
Solution   Solution	Vi <b>č</b> i	6	Total number of volunteers (estimate if necessary)			
Solution   Solution	Ć	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
8 Contributions and grants (Part VIII, line 1h) 283,281. 206,796. 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising ees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Total assets (Part X, line 16) 23 Total assets (Part X, line 16) 24 Total liabilities (Part X, line 26) 25 Total assets (Part X, line 26) 26 Total assets (Part X, line 26) 27 Total liabilities (Part X, line 26) 28 Total assets of und balances. Subtract line 21 from line 20 29 Total assets of und balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets of und balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Total assets of und balances. Subtract line 21 from line 20 23 Total assets of und balances. Part X, column (A), line 25) 25 Total assets of und balances. Part X, column (A), line 25) 26 Total assets of und balances. Part X, line 26) 27 Total assets of und balances. Part X, line 26) 28 Total assets of und balances. Part X, line 26 29 Total assets of und balances. Part X, line 26 20 Total assets of und balances. Part X, line 26 20 Total assets of und balances. Part X, line 26 21 Total liabilities (Part X, line 26) 22 Total assets of und balances. Part X, line 26 29 Total assets of und balances. Part X, line	_	i t	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
9						
12 Total revenue (Part VIII, column (A), lines 5, 68, 05, 05, 05, 05, 05, 05, 05, 05, 05, 05	<u>•</u>	8	Contributions and grants (Part VIII, line 1h)		-	
12 Total revenue (Part VIII, column (A), lines 5, 68, 05, 05, 05, 05, 05, 05, 05, 05, 05, 05	enc	9	Program service revenue (Part VIII, line 2g)		<u> </u>	
12 Total revenue (Part VIII, column (A), lines 5, 68, 05, 05, 05, 05, 05, 05, 05, 05, 05, 05	ě	10			_	
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   242,732.   207,903.     14   Benefits paid to or for members (Part IX, column (A), line 4)   0. 0. 0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   18,976.   17,047.     16   Professional fundraising fees (Part IX, column (B), line 11e)   0. 0. 0.     17   Other expenses (Part IX, column (A), line 25)   17,047.     18   Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   269,069.   234,498.     19   Revenue less expenses. Subtract line 18 from line 12   6,740.   -18,041.     20   Total lassets (Part X, line 16)   444,827.   19,096.     21   Total liabilities (Part X, line 26)   7,690.   0.     22   Net assets or fund balances. Subtract line 21 from line 20   37,137.   19,096.     Part II   Signature Block	-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
14 Benefits paid to or for members (Part IX, column (A), line 4)   15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   18,976.   17,047.   16a Professional fundraising fees (Part IX, column (A), line 11e)   0. 0. 0.   0.   0.   0.   0.   0.	_	12	<b>2</b> , , , , , , , , , , , , , , , , , , ,			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   18,976.   17,047.     16a Professional fundraising fees (Part IX, column (A), line 25)   17,047.     17 Other expenses (Part IX, column (A), lines 25)   17,047.     18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   269,069.   234,498.     19 Revenue less expenses. Subtract line 18 from line 12   6,740.   -18,041.     20 Total assets (Part X, line 16)   44,827.   19,096.     21 Total liabilities (Part X, line 26)   7,690.   0.     22 Net assets or fund balances. Subtract line 21 from line 20   37,137.   19,096.     Part II   Signature Block     Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		13			-	
16a Professional fundraising fees (Part IX, column (A), line 11e)   0. 0. 0.		14				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  37, 137.  19, 096.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Dawn Miller, Treasurer  Type or print name and title  Print/Type preparer's name  Lynn Henley  Firm's name TANDEM. LLP  Firm's name TANDEM. LLP  Firm's name TANDEM. LLP  Firm's address 446 Old County Road, Suite 100-140  Pacifica, CA 94044  Phone no.650-350-9805	es	15				
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  37, 137.  19, 096.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Dawn Miller, Treasurer  Type or print name and title  Print/Type preparer's name  Lynn Henley  Firm's name TANDEM. LLP  Firm's name TANDEM. LLP  Firm's name TANDEM. LLP  Firm's address 446 Old County Road, Suite 100-140  Pacifica, CA 94044  Phone no.650-350-9805	sus	16a			0.	0.
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20  22 Net assets or fund balances. Subtract line 21 from line 20  37, 137.  19, 096.  Part II Signature Block  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Signature of officer  Dawn Miller, Treasurer  Type or print name and title  Print/Type preparer's name  Lynn Henley  Firm's name TANDEM. LLP  Firm's name TANDEM. LLP  Firm's name TANDEM. LLP  Firm's address 446 Old County Road, Suite 100-140  Pacifica, CA 94044  Phone no.650-350-9805	ă	- b			E 261	0 540
19   Revenue less expenses. Subtract line 18 from line 12   6,740.	ш	1 17				
Beginning of Current Year   End of Year						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dawn Miller, Treasurer Type or print name and title  Print/Type preparer's name Preparer's signature Lynn Henley Lynn Henley Firm's name TANDEM. LLP Firm's name TANDEM. LLP Firm's address 446 Old County Road, Suite 100-140 Pacifica, CA 94044 Phone no. 650-350-9805			Revenue less expenses. Subtract line 18 from line 12			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dawn Miller, Treasurer Type or print name and title  Print/Type preparer's name Preparer's signature Lynn Henley Lynn Henley Firm's name TANDEM. LLP Firm's name TANDEM. LLP Firm's address 446 Old County Road, Suite 100-140 Pacifica, CA 94044 Phone no. 650-350-9805	10 8			Ве		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dawn Miller, Treasurer Type or print name and title  Print/Type preparer's name Preparer's signature Lynn Henley Lynn Henley Firm's name TANDEM. LLP Firm's name TANDEM. LLP Firm's address 446 Old County Road, Suite 100-140 Pacifica, CA 94044 Phone no. 650-350-9805	Sset	g 20				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Dawn Miller, Treasurer Type or print name and title  Print/Type preparer's name Preparer's signature Lynn Henley Lynn Henley Firm's name TANDEM. LLP Firm's name TANDEM. LLP Firm's address 446 Old County Road, Suite 100-140 Pacifica, CA 94044 Phone no. 650-350-9805	et A	21				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  Signature of officer  Date  Date  Print/Type preparer's name  Preparer's signature  Lynn Henley  Preparer's signature  Lynn Henley  Firm's name  TANDEM. LLP  Firm's address  446 Old County Road, Suite 100-140  Pacifica, CA 94044  Phone no. 650-350-9805		<u>  22</u> art II			3/,13/•	19,090.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  Date  Date  Date  Print/Type or print name and title  Print/Type preparer's name Lynn Henley Preparer Use Only  Firm's name TANDEM. LLP Firm's address  446 Old County Road, Suite 100-140 Pacifica, CA 94044 Phone no.650-350-9805				and atatam	anta and to the heat of mu	knowledge and balief it is
Sign Here  Dawn Miller, Treasurer Type or print name and title  Print/Type preparer's name Lynn Henley  Preparer Use Only  Firm's name TANDEM. LLP  Firm's address  446 Old County Road, Suite 100-140 Pacifica, CA 94044  Pode  Date  Preparer's Signature Date  O4/25/21  Self-employed PO0356034  PTIN Firm's EIN  47-5525639  Phone no.650-350-9805		•			•	Knowledge and Deller, it is
Here  Dawn Miller, Treasurer  Type or print name and title  Print/Type preparer's name Lynn Henley  Preparer  Lynn Henley  Firm's name  TANDEM. LLP  Firm's address  446 Old County Road, Suite 100-140  Pacifica, CA 94044  Phone no.650-350-9805	tiuc	, 00110	La complete. Declaration of preparer (other than officer) is based on an information of win	icii pi chai ci	ilas ally kilowieuge.	
Here  Dawn Miller, Treasurer  Type or print name and title  Print/Type preparer's name Lynn Henley  Preparer  Lynn Henley  Firm's name  TANDEM. LLP  Firm's address  446 Old County Road, Suite 100-140  Pacifica, CA 94044  Phone no.650-350-9805	Sia.	n	Signature of officer		Date	
Type or print name and title  Print/Type preparer's name  Preparer  Print/Type preparer's name  Lynn Henley  Preparer  Firm's name  TANDEM. LLP  Firm's address  446 Old County Road, Suite 100-140  Pacifica, CA 94044  Proparer  Preparer's signature  04/25/21  Firm's EIN  47-5525639  Phone no.650-350-9805			· I '			
Print/Type preparer's name Lynn Henley Lynn Henley  Preparer  Use Only  Print/Type preparer's name Lynn Henley Lynn Henley  Preparer's signature Lynn Henley  Preparer's signature Lynn Henley  Preparer's signature Lynn Henley  Print/Type preparer's name Lynn Henley  Print/Type preparer's name Lynn Henley  Print/Type preparer's name  Preparer's signature  Podd / 25/21  Firm's EIN  47-5525639  Phone no.650-350-9805	He	E				
Paid Lynn Henley Lynn Henley   04/25/21				/	Date Check	PTIN
Preparer         Firm's name         TANDEM. LLP         Firm's EIN         47-5525639           Use Only         Firm's address         446 Old County Road, Suite 100-140         Phone no.650-350-9805	Paid	d		Lee .	l if	<b> </b>
Use Only Firm's address 446 Old County Road, Suite 100-140 Pacifica, CA 94044 Phone no.650-350-9805				0		
Pacifica, CA 94044 Phone no.650-350-9805				40	THIN O LIN	
				-	Phone no. 65	0-350-9805
	Ma	y the	IRS discuss this return with the preparer shown above? See instructions		1	X Yes No

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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 X No
	prior Form 990 or 990-EZ?  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 X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 217,451. including grants of \$ 207,903.) (Revenue \$
	Worked in partnership with a community in Guatemala to break the cycle
	of poverty through education by supporting a school.
41-	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 217,451.
	Form <b>990</b> (2020)

## Form 990 (2020) DBA Education for the Children Part 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?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
O	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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		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		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>X</u>
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		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Λ	
15		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	- 21	
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	···		
.5	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? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2020) DBA Education for the Children
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u>X</u>
	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 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		Х
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			37
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			77
	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 in Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. ai	Check if Schedule O contains a response or note to any line in this Part V			
	Oneon il Solieudie O contains a response di note to any ille in tilis fait v			Na
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c		
032004	4 12-23-20		990	(2020)

Form 990 (2020)

Part 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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		ı	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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 on line 1a, above, who are independent 1b	4		
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, 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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	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 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			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			37
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		
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		v
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?		37	
_	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed CA  Section 6104 requires an experientian to make its Forms 1003 (1004 or 1004 A. if applicable), 900, and 900 T. (Section 501(a))	0.001.3	ove:1-	hla
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)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website	d fic-:	nial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u iinan	Jiai	
00	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  Sara Miller - 502-417-1470			
	511 S. Howthorne St., #3629, Chattanooga, TN 37404			
	JII D. HOWCHOINE DC., "JUZJ, CHACCAHOUGA, IN J/404			

# Form 990 (2020) DBA Education for the Children Part 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 return	s?	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other ac	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			.,,
			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		6-		X
h	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributio were not tax deductible?		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		х
	16 IIV and it did the consoliration and the decrease of the contract of the consoliration of the contract of t	ioco provided to the payor:	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		··-		
_	to file Form 8282?		7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit con	ntract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ct?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:	1			
_	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	44.			
	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
Ŋ	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
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		
	<b>Note:</b> 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	13b			
С	Enter the amount of reserves on hand	13c			
	Did to the term of		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				7.5
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	ncome?	16		X
	If "Yes," complete Form 4720, Schedule O.		_	990	(0000)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

(A)	(B)	or any related organization compensate (B) (C)						(D)	(E)	(F)
Name and title	Average	(ala		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	eck more than one s person is both an d a director/trustee)			compensation	compensation	amount of
	week	-	cer ar	nd a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		ee/	m pen		(44-27 1099-141130)		and related
	below	dualt	utiona	_	Key employee	st co	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) Brien Ashdown	10.00									
Executive Director				X				15,711.	0.	0.
(2) Marika Dragotti	20.00									
President		Х		Х				0.	0.	0.
(3) Dawn Miller	5.00									
Treasurer		Х		Х				0.	0.	0 .
(4) Paige Moffett	5.00								_	
Secretary		Х		X				0.	0.	0.
(5) Stephanie Honey-Morrow	5.00	ļ								
Director		Х						0.	0.	0.
(6) Damian Greybelle	5.00									
Director		Х						0.	0.	0.
		$\vdash$								
		-								
		$\vdash$								
		-								
		₩								
		1								
		$\vdash$								
		1								
		-								
		-								
		1								
		1								
		1								
		1								
		1								

Form 990 (2020)

(A) (B) (C) (D) (E)	(F)
(do not check more than one	Estimated
officer and a director/(trustee)	amount of
lieni	other ompensation
hours for	from the
related $\frac{9}{2}$	organization
organizations st. lead by the leading st. lead by the leading st. lead by the leading st. lead by the lead of the the	and related rganizations
related organizations below line) li	rgariization3
1b Subtotal 15,711. 0.	0.
1b Subtotal  c Total from continuation sheets to Part VII, Section A	0.
d Total (add lines 1b and 1c)	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	
compensation from the organization	0
	Yes No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on	1
line 1a? If "Yes," complete Schedule J for such individual	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	Х
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	
rendered to the organization? If "Yes," complete Schedule J for such person	x
Section B. Independent Contractors	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation for the compensation of the compensat	from
the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
	(C)
Name and business address NONE Description of services Comp	pensation
O Tabel course as of index and set control to the destruction to the destruction to the destruction of the d	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0	
The state of the s	m <b>990</b> (2020)

Form 990 (2020) DBA Edu
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		·	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
Sυ	1 :	Federated campaigns 1a					
ant		Membership dues 1b					
2 6		Fundraising events 1c					
Gifts, Grants ilar Amounts		Related organizations 1d					
Contributions, Gift and Other Similar		Government grants (contributions)					
Sin		All other contributions, gifts, grants, and					
e Ei	•		206,796.				
ë ₽	_		200,750.				
o d	•	Noncash contributions included in lines 1a-1f		206,796.			
O a	<u> </u>	Total. Add lines 1a-1f	Business Code	200,790.			
	_		Business Code				
<u>ic</u>	2 a						
Program Service Revenue	k						
n S	C						
Jrar Sev	C						
S.	•						
Δ.		All other program service revenue					
	Ç	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>	92.				
	k	Less: cost or other basis					
e		and sales expenses <b>7b</b>	73.				
l en	c	Gain or (loss) 7c	19.				
Be	c	<b>!</b> Net gain or (loss)	<b></b>	19.		19.	
her Revenue	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a	9,642.				
	k	Less: direct expenses 8b	0.				
	c	Net income or (loss) from fundraising events		9,642.			9,642.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold					
		Net income or (loss) from sales of inventory	<b></b>				
		,	Business Code				
snc	11 a	1					
nec	k						
ella vei							
Miscellaneous Revenue	,	All other revenue					
Σ	,	• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		216,457.	0.	19.	9,642.
032009							Form <b>990</b> (2020)

10120425 149885 120129

## Form 990 (2020) DBA Education for the Children Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a respons	(A)	(B)	(C)	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	207 002	207 002		
	individuals. See Part IV, lines 15 and 16	207,903.	207,903.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	15 711			15 711
_	trustees, and key employees	15,711.			15,711
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			+	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1 226			1 226
10	Payroll taxes	1,336.			1,336
11	Fees for services (nonemployees):				
а	Management	2 550	2 550		
b	Legal	2,559.	2,559.	+	
С	Accounting			+	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	1 100	1 105		
13	Office expenses	1,127.	1,127.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,373.	1,373.		
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 0.)				
а	Bank and PayPal Fees	4,489.	4,489.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	234,498.	217,451.	0.	17,047
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		44,397.	1	18,666
	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				
		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
ပ္သ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		430.	8	430
₹	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, lin			12	
	13	Investments - program-related. See Part IV, lin	ie 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must e		44,827.	16	19,096
	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. Complet			21	
ູ	22	Loans and other payables to any current or fo				
Liabilities		trustee, key employee, creator or founder, sul	ostantial contributor, or 35%			
<u> </u>		controlled entity or family member of any of the		7,690.	22	0
֡֞֜֞֞֞֜֞֡֞֡֡֞֞֡֡֡	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		7,690.	26	0
		Organizations that follow FASB ASC 958, c	heck here 🕨 🗓			
se		and complete lines 27, 28, 32, and 33.				
aŭ	27	Net assets without donor restrictions		17,627.	27	19,096
Ба	28	Net assets with donor restrictions		19,510.	28	0
<u>ا</u> م		Organizations that do not follow FASB ASC				
고		and complete lines 29 through 33.				
ğ	29	Capital stock or trust principal, or current fund	ds		29	
Sets	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		37,137.	32	19,096
-	33	Total liabilities and net assets/fund balances		44,827.	33	19,096

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		6,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,49 8,0			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3'	7,1	37.		
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	1:	9,0	96.		
Pa	rt XII Financial Statements and Reporting		•				
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:				1		
	Separate basis Consolidated basis Both consolidated and separate basis				1		
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?						
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Form	990 (	(2020)		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Inspection

Name of the organization EFTC USA

DBA Education for the Children

Employer identification number

				for the Child					6-0648715
Pa	rt I	Reason for Public (	Charity Status. (	All organizations must c	omplete th	nis part.) S	ee instruction:	S.	
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, cl	neck only	one box.)			
1		A church, convention of chi	urches, or association	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2	$\Box$	A school described in <b>sect</b> i					, ,,		
3	一	A hospital or a cooperative		•			i).		
4	Ħ	A medical research organization	· ·				-	(iii). Enter	the hospital's name.
•		city, and state:	anon operated in co.	, and a man a market		000110	(2)( .)(, .)	(,.	and neophan o name,
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental ur	nit describe	ad in
3		section 170(b)(1)(A)(iv). (C		lege of armiversity owned	ог орогас	ca by a go	verminental al	iii dodonba	5 <b>4</b> II 1
6				antal unit described in	naatian 1	70/6\/4\/4\	()		
6	X	A federal, state, or local gov	-						
′	21	An organization that norma	•	iliai part oi ils support ii	on a gove	emmeman	uriit or iroin tii	e general p	dublic described in
_		section 170(b)(1)(A)(vi). (C	•	4VAV-1\ (Olate Davi					
8	H	A community trust describe							II
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:							
10	Ш	An organization that norma							
		activities related to its exem		· ·					
		income and unrelated busing		(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	ıfter June 30, 1975.
		See <b>section 509(a)(2).</b> (Cor							
11	Ш	An organization organized a							
12		An organization organized a	•	•	-			•	
		more publicly supported or	-						Check the box in
		lines 12a through 12d that	describes the type of	supporting organization	and com	plete lines	12e, 12f, and	12g.	
а			anization operated, su	upervised, or controlled	by its supp	oorted orga	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	ıpporting
	_	organization. You must o	complete Part IV, Se	ctions A and B.					
b		■ Type II. A supporting org.	anization supervised	or controlled in connect	ion with it	s supporte	d organization	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	je the supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С			grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
d			integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	luirement and	an attentiv	/eness
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		☐ Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information			(iv) Is the ora:	anization listed	() 0		(vi) A many and and address.
	(	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ng document?	(v) Amount of support (see in	•	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See III	31140110113)	Support (See Instructions)

### 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.)

Sec	tion A. Public Support	, , , , , ,		,			_
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(=) == :=	(3) = 2 · ·	(5) = 5 · 5	(=,) ==	(5) = = = =	(-)
	membership fees received. (Do not						
	include any "unusual grants.")	90,656.	110,880.	180,559.	283,281.	206,796.	872,172.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	90,656.	110,880.	180,559.	283,281.	206,796.	872,172.
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)						43,389.
	Public support. Subtract line 5 from line 4.						828,783.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	90,656.	110,880.	180,559.	283,281.	206,796.	872,172.
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						
40	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						872,172.
	Gross receipts from related activities,	etc (see instructio	ine)			12	8,370.
	<b>First 5 years.</b> If the Form 990 is for th	•	,	ourth or fifth tax v	ear as a section 5		
	organization, check this box and <b>stor</b>	· ·		•		* * * *	ightharpoonup
Sec	tion C. Computation of Publi						
	Public support percentage for 2020 (li			olumn (f))		14	95.03 %
	Public support percentage from 2019					15	%
						ore, check this box	and
	16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization   ▼ X						
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual						
17a	'a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain in	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

#### Schedule A (Form 990 or 990-EZ) 2020 DBA Education for the Children

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public	Support	now, piedee comp	note i uit ii.j				
Calendar year (or fiscal y		(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
Gifts, grants, cont membership fees include any "unus	received. (Do not						
2 Gross receipts fro merchandise sold formed, or facilitie any activity that is organization's tax	or services per- es furnished in related to the						
3 Gross receipts fro are not an unrelat- iness under section	ed trade or bus-						
4 Tax revenues levie ization's benefit at or expended on it	nd either paid to						
5 The value of service furnished by a government the organization was a service of the control o	ces or facilities vernmental unit to						
6 Total. Add lines 1	through 5						
7a Amounts included 3 received from di	on lines 1, 2, and squalified persons						
<b>b</b> Amounts included on lin from other than disqualit exceed the greater of \$5 amount on line 13 for the	fied persons that						
c Add lines 7a and	7b						
8 Public support. (Section B. Total S							
Calendar year (or fiscal y	rear beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 10a Gross income fror dividends, payme securities loans, re	e 6 m interest, nts received on	(1)	12/2	(2)	(4)	(7)	(7)
<b>b</b> Unrelated business t	taxable income kes) from businesses						
c Add lines 10a and 11 Net income from u activities not inclu whether or not the regularly carried o	unrelated business ided in line 10b, business is						
12 Other income. Do or loss from the sa	not include gain						
13 Total support. (Add I						1	
14 First 5 years. If th		•		•	•	. , . ,	. —
check this box an Section C. Comp	d stop here						<b>&gt;</b>
				(0)		145	
15 Public support pe	•		•	.,,		15	<u>%</u>
16 Public support pe Section D. Comp			•			16	%
				ing 12 galuman (f)\		47	0/
17 Investment incom						17	%
18 Investment incom	•			on line 14, and line		18   23 1/3% and line 1	% %
19a 33 1/3% support						42	▶ □
b 33 1/3% support	%, check this box and tests - 2019. If the	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	e than 33 1/3%, chec						<b>&gt;</b>
20 Private foundation	n If the organization	a did not check a	hox on line 14 19	a or 19h check th	nie hay and see ing	structions	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
1	1		
İ			
	_		
ŀ	2		
	0-		
ŀ	3a		
ł	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
ļ	5c		
	6		
	7		
j			
	8		
	9a		
-	9b		
}	9c		
	10a		
	10b		

Par	rt 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	rs,		l
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		
	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			l
	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,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
000	nion of Type in Supporting Organizations		V	N <sub>2</sub>
4	Ware a majority of the arganization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	7		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			l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			l
	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			l
	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			l
	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			
800	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	(aaa imatuu atiau	)	
2	Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			103	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			l
	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			l
	that these activities constituted substantially all of its activities.	2a		
b				
	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. Answer lines 3a and 3b below.			
а	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.	3a		
b				
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion D - Distributions	· // / / · · · · · · · · · · · · · · ·	(OOTHERN)	100)	Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ns	Distributable Amount for 2020	
_1_	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	From 2015					
b	From 2016					
с	From 2017					
d	From 2018					
<u>e</u>	From 2019					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2020 distributable amount					
i_	Carryover from 2015 not applied (see instructions)					
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2020 from Section D,					
	line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2020 distributable amount					
c	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2021. Add lines 3j					
	and 4c.					
_8_	Breakdown of line 7:					
	Excess from 2016					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
е	e Excess from 2020					

Schedule A (Form 990 or 990-EZ) 2020

Name of organization
EFTC USA
DBA Education for the Children

Employer identification number

26-0648715

Parti	Contributors (see instructions). Use duplicate copies of Part I if additi	lonal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2020

Name of the organization		Employer identification number	
EFTC USA			
DBA	Education for t	the Children	26-0648715
Organization type (check one):			

	•				
Filers of:	Section:				
Form 990 or 990-EZ $\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (2)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) any one contribut	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 or 990-EZ), 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \frac{1}{2} 1					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization
EFTC USA
DBA Education for the Children

Employer identification number

26-0648715

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization **Employer identification number** EFTC USA DBA Education for the Children 26-0648715 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Schedule F (Form 990) 2020

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Grants to Recipient	General Support for					
			the School	207 403.	Wire transfer	0.		
2 Enter total number of	recipient organization	ns listed above that are i	recognized as charities by the t	foreign country,	recognized as a tax	ı		I.
exempt 501(c)(3) orga	nization by the IRS.	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) eau	uivalency letter	•		2

Schedule F (Form 990) 2020

**3** Enter total number of other organizations or entities

### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

2020
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EFTC USA

**Employer identification number** 

DBA Education for the Children 26-0648715

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

	,	,				
1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
				he selection criteria used to award the		Yes X No
	9,	J J			g	
2	For grantmakers Desc	rihe in Part V the	organization's i	procedures for monitoring the use of its	s grants and other assistance outsi	de the
_	United States.	indo in i die v ene	organization o	or occurred for morniconing the doc of its	grants and other assistance satur	do trio
2		ao followina Dort	L line 2 table of	up ha duplicated if additional appear is n	andad)	
_3_	(a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	(a) Hogion	offices	èmployees,	(by type) (such as, fundraising, pro-	is a program service,	expenditures
		in the region	agents, and independent	gram services, investments, grants to	_	for and
			contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region		.,	in the region
	tral America and					
	Caribbean -					
Anti	igua & Barbuda,				Grants to Recipient	
Arul	oa, Bahamas,			Grants to Recipient	Organization	207,903.
2 -	Cubtotal	0	0			207,903.
	Subtotal					201,503.
b	Total from continuation		_			_
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					l
	and 3h)	ı 0	l 0			l 207 903.

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

Schedule F (Form 990) 2020

26-0648715

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (c) Number of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash assistance noncash assistance

## Schedule F (Form 990) 2020 I Part IV Foreign Forms

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

Schedule F (Form 990) 2020

Provide the information  Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, Line 2:
EFTC USA has a close relationship to the Escuela Proyecto la Esperanza.
The School regularly provides reports and pictures to EFTC USA that
clearly show the difference that the School is making in the lives of the
students.

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

EFTC USA
DBA Education for the Children

Employer identification number 26-0648715

Form 990, Part VI, Section B, line 11b:

The Organization's Forms 990, 199 and RRF-1 are prepared by an outside CPA.

The prepared returns are provided to the Organization's Executive Director,

Secretary and Treasurer for comment. All questions and comments from the

officers are addressed and the returns are modified as required. The

modified returns are provided to all members of the Organization's

governing body prior to filing.

Form 990, Part VI, Section B, Line 15:

The Organization based its decisions regarding officer compensation on data that identified the amount paid for comparable services under comparable circumstances by comparable organizations. Only one officer received compensation. The compensation was reviewed and approved by the governing body. The process was documented.

Form 990, Part VI, Section C, Line 18:

The Organization makes its Forms 1023 and 990 available for public inspection according to the current requirements under federal and state law.

Form 990, Part VI, Section C, Line 19:

Organization makes its governing documents available for public inspection according to the current requirements under federal and state law.