Short Form

294920850221 OMB No. 1545-0 **Return of Organization Exempt From Income Tax**

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

2020

Open to Public

Department of the Treasury

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

Inte	mal Rever	nue Service	-	GO TO WWW	v.irs.gov/Fon	m990EZ for ii	nstructions a	na the la	atest ir	norma	tion. \mathcal{U}	17 6		
A	For the	2020 calend	ar year, or ta	x year begi	nning			, 2020,	and e	nding				, 20
В	Check if ap	plicable	C Name of o	ganization	2						D Emp	oloyer id	lentification n	umber 🔞
	Address c	hange	<u>F.F.C U.S</u>	I, INC								8	360440722	
	Name cha	inge	Number and	treet (or P.O	box if mail is no	ot delivered to s	treet address)	0	Room	/suite	E Tele	phone n	umber.	•
님	Initial retu		11723 S Sui	nburst Aver	nue						l	92	8-580-1073	
片	Amended	n/terminated	City or town,	state or provir	ice, country, an	d ZIP or foreign	postal code			$\overline{}$	F Gro	up Exe	mption	
Ħ		n pending	Yuma, AZ	85365-973	33					ーク	Nu	mber 🕨	▶ 😰	
G		ing Method:	✓ Cash	Accrual	Other (spe	ecify) ▶				Н	Check	▶ □ i	if the organiz	zation is not
	Nebsite	-	-							_			ach Schedul	
JT	ax-exen	npt status (che	eck only one) -	- 🗹 501(c)(:	3)	() ∢ (ins	ert no) 🔲 49	47(a)(1) o	r 🗆 5	527	(Form 9	990, 990	0-EZ, or 990	-PF).
_		organization		· <u></u>	Trust	Assoc		Other						
					gross receipt:	s. If gross rec	eipts are \$200	0,000 or r	more, c	or if tota	al assets	i		
(Pa	rt II, col	umn (ป)) áre ร	500,000 or n	iore, file For	m 990 instead	d of Form 990	-EZ . *			`. • .		▶ \$		
P	art I	Revenu	e, Expens	es, and C	hanges in	Net Asset	s or Fund	Balanc	:es (s	ee the	ınstru	ctions	for Part I) 1
						O to respor								
Ð	1					nts received						1		51746 26
Ð						ent fees and						2		
7		•										3		
7		Investment	•									4		
	5a			le of assets	s other than	inventory		5a	1					
	Ь							5b				1 1		
	C				•	nventory (su		b from li	ine 5a)		5c		
	6	,	d fundraisin						. '					
2	a	-		-	attach Sche	dule G if	greater tha	n .	· _	•				
認	-	\$15,000) .	•		•		-	6a	1			1 1	•	
Revenue22	ь	Gross inco	me from fur	ndraising e	vents (not in	cludina \$		(of con	tributio	ons	1		
<u>_</u>	-					attach Sche	dule G if th							
<u>~</u>	-	sum of such gross income and contributions exceeds \$15,000) 6b					1 1	• •						
MAY	·c					raising event		6c				1 [
	d					raising even		s 6a and	d 6b a	and su	btract	1		
3		line 6c) .		-	-							6d		
P	7a	Gross sale	s of invento	rv. less retu	urns and allo	wances .		7a	ŀ					
	b		of goods so	•				7b				1		
	C		_		_	subtract line		e 7a) .	٠		· · ·	7c		
}	8											8		
	9	_	•		-	c, and 8 .					. ▶	9		51746 26
_	10				(list in Sched							10	 	51800.00
•	11											11		
Ñ	1	-			d employee		[.	RE	CE	IVE	D^{-1}	12	<u> </u>	
Se	13					pendent co	ntractors 🔃		<u> </u>			13	 	10.00
Expenses	14							. MΔ'	Y .1 A	1 202	RS-OSC	14		
Ä	15						i i i]	. 14		. 8	15	1	68 50
	16							<u> </u>				16		
٠.	17	•	•		-			<u>UG</u>	DE	۷, U	Τ. ▶Ι	17		51878 50
	18					7 from line 9						18		(132 24)
ěţ	19					f year (from				t agre	e with			
Net Assets					or year's ret							19		
et	20	-	-		-	s (explain in S	Schedule O)					20		
Ž	21		-		nd of year. C							21		(132.24)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642i

Form **990-EZ** (2020)



Pa	rt II Balance Sheets (see the instructions f	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II		🗆
				(A) Beginning of year	((B) End of year
22	Cash, savings, and investments			200 68	22	28 56
23	Land and buildings		_		23	· · · · · · · · · · · · · · · · · · ·
24	Other assets (describe in Schedule O)				24	
25	Total assets			200 68		28.56
26	Total liabilities (describe in Schedule O)		<u> </u>		26 26	26.30
27	·		<u> </u>			20.57
	Net assets or fund balances (line 27 of column			200.68	21	28 56
	t III Statement of Program Service Accom	•		, ,		Evnences
	Check if the organization used Schedule				(Rea	Expenses uired for section
Wha	t is the organization's primary exempt purpose?	Raise funds to supp	ort overseas orphani	ages.		c)(3) and 501(c)(4)
as n	cribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			orgar other	nizations, optional for s)
28	Collects domestic donations to support orphanages forwarded to Families For Children, Des Families por			ations are		
12,	(Grants \$ 51800.00) If this amount	includes foreign gra	nts check here	······	28a	51800 00
29					<u> 20a</u>	31000 00
29			·			
	(Grants \$) If this amount	includes foreign gra	nts, check here .	· · · • • • • • • • • • • • • • • • • •	29a	
30						
						•
		ıncludes foreign gra			30a	
31	Other program services (describe in Schedule O)			1		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	🕨 🗌	31a	
32	Total program service expenses (add lines 28a	through 31a)		•	32	51800 00
Pai	t IV List of Officers, Directors, Trustees, and Key					
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part IV		
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable (compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employe benefit plans, and	0	Estimated amount of their compensation
Bra	dley C Dierdorf				1	
Pres	eident	1	-0	- c)-	-0-
Kım	berley M Dierdorf			<u> </u>	1	
	etary	1 1	-0).	-0-
	dra M Simpson		<u> </u>	<u> </u>	\top	
	rd Member	0	0)-l	-0-
Mela	anie G Simpson					
	rd Member	0	-0)-	-0-
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	•	I	1	1	1	

Page 3

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				•
		instructions for Fart V.) oneok if the organization used correcting to to respond to any question in this	J Lait	Yes	No	-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	~	
?	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions			. V.	- 12
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	-		
	c b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V	-
	36 ,	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		>	3
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	ь 39	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b Section 501(c)(7) organizations. Enter:	Joa			
	a b 40a	Initiation fees and capital contributions included on line 9	 			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓	
	c,	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	j
	41	List the states with which a copy of this return is filed ▶				•
	42a	The organization's books are in care of ▶ Bradley C Dierdorf Telephone no. ▶	928-58	0-107	3	•
		Located at ► 11723 S Sunburst Avenue Yuma, AZ ZIP + 4 ►	85365	-9733		
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	42b	Yes	No 🗸	
	•	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	.	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c	.1	Y	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	Yes	No I	-
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	165	140	į
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~	j
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		V	į
	45a `	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	~	
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b			

	((•	,	
Form 99	90-EŽ (2020)		***************************************		.,.	Yes	Page 4 No	
46	Did the organization engage, directly or i	ndirectly, in political c	ampaign activities on	behalf of or in oppo	osition			
	to candidates for public office? If "Yes,"	complete Schedule C	, Part I	· · · · · · · · · · · · · · · · · · ·	· · 46	<u> </u>	~	
Part	VI Section 501(c)(3) Organization All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	ns must answer que		•	the tables t			
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) electio		`	Yes	No	
48	Is the organization a school as described i				1	-	<u></u>	
49a	Did the organization make any transfers to					+	V	
 b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, true employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 								
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employ benefit plans, and defen- compensation				
NONE			,					
	•			-	 			
•••••		4						
		<u> </u>	-					
		-						
f 51	Total number of other employees paid of Complete this table for the organization \$100,000 of compensation from the organization	's five highest comp	ensated independent		ach received	l more	than	
	(a) Name and business address of each indepen	dent contractor	(b) Type of serv	псе	(c) Compensation			
NONE			-					
			-					
		,						
d	Total number of other independent contr	actors each receiving	over \$100,000	>	NONE			
52	Did the organization complete Sched completed Schedule A		ection 501(c)(3) orga		ach a . ► ☑ Yes	s 🔲 I	No	
Under p	penalties of perjury, I declare that I have examined this rrect, and complete Declaration of preparer (other that	return, including accompar in officer) is based on all info	nying schedules and stateme ormation of which preparer I	ents, and to the best of m	ıy knowledge an	d belief,	it is	
	Drachunder	1		5-10)-Z1			
Sign Here	Signature of officer Bradley C Dierdorf, President, J.F.	C USA, INC.		Date				
	Type or print name and title							

Preparer's signature

Pnnt/Type preparer's name

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name

Firm's address ▶

Paid

Preparer Use Only

► ☐ Yes ☐ No

PTIN

Check I if self-employed

Firm's EIN ▶

Phone no

Date

7

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer identification number**

F.F C	USA	A, INC					86-04	40722
Par	t l	Reason for Public Char	rity Status. (Al	l organizations mus	t compl	ete this p	oart.) See instructi	ons.
The c	organiz	ation is not a private founda	ition because it i	s: (For lines 1 through	12, che	ck only or	ne box.)	
1	_	church, convention of churc	-					$\langle C \rangle$
2	□ A :	school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990	or 990-E	Z).)) (
3		hospital or a cooperative hos						
4		medical research organization		onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
		spital's name, city, and state						
5		organization operated for		college or university	owned c	r operate	ed by a government	al unit described in
_		ction 170(b)(1)(A)(iv). (Comp	•					
6		federal, state, or local govern	•					
7		organization that normally scribed in section 170(b)(1)			port iron	a gover	nmental unit of from	i the general public
۰		community trust described in			Dort II \			
8 9	_					aratad in	conjugation with a l	and arent college
3	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:							
10	✓ An	organization that normally i	eceives (1) more	than 331/3% of its su	pport fro	m contrib	outions, membership	fees, and gross
	red Su	ceipts from activities related pport from gross investment	to its exempt in t income and uni	related business taxa	rtain exc ble incon	epuons, a ne (less si	ection 511 tax) from	businesses
	ac	quired by the organization a	fter June 30, 197	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	
11		ı organızatıon organized and	•	· ·	-			
12		organization organized and	•	•				
		one or more publicly supponeck the box in lines 12a thro						
_	_		•	• • • •		-	· ·	•
а		Type I. A supporting organithe supported organization						
		supporting organization. Ye					and directors of trust	
b		Type II. A supporting organ					supported organizati	on(s), by having
_	_	control or management of						
		organization(s). You must						
С		Type III functionally integ						ally integrated with,
		its supported organization(•	-				
d		Type III non-functionally i						
		that is not functionally integ						d an attentiveness
		requirement (see instruction	•	•				
е		Check this box if the organ functionally integrated, or T						e II, Type III
•	Ento	er the number of supported of	• •	tionally integrated sup	oporting (Jigariizati	ion.	
g		ride the following information	-	orted organization(s).				• []
		ne of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
	.,	3	, ,	(described on lines 1-10		ur governing ment?	support (see	other support (see
				above (see instructions))	0000	mem r	instructions)	instructions)
					Yes	No		
(A)								
	_							
(B)								
							-	
(C)				!				
								· · · -
(D)								
							,	
(E)							• •	
Total					——			· · · · · · · · · · · · · · · · · · ·

Part							
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support					,	- :
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	_	: -				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					,, -	•
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						_
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)		,				
<u>6</u>	Public support. Subtract line 5 from line 4			<u>i</u>	<u> </u>	<u> </u>	<u> </u>
	on B. Total Support	(a) 001C	(h) 0017	(-) 0010	(-1) 0010	4-3 0000	(A) T-4-1
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					,	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he		s first, second	l, third, fourth,	or fifth tax ye	ear as a section	on 501(c)(3) ► □
Secti	on C. Computation of Public Suppor		e				
14 15 16a	Public support percentage for 2020 (line of Public support percentage from 2019 Sci 331/3% support test—2020. If the organ box and stop here. The organization qua	6, column (f), d nedule A, Part ization did not	livided by line II, line 14 check the bo	x on line 13, ai		14 15 31/3% or more,	% check this
b	33 ¹ / ₃ % support test—2019. If the organiths box and stop here. The organization	zation did not	check a box o	on line 18 or 16		is 331/3% or m	nore, check
17a _.	10%-facts-and-circumstances test—2 10% or more, and if the organization metal Part VI how the organization meets the organization	neets the facts facts-and-circ	-and-circumst umstances tes	ances test, ch st. The organia	eck this box a zation qualifies	and stop here s as a publicly	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test	, check this bo	ox and stop he	ere. Explain
18	Private foundation. If the organization instructions		a box on line		o, 17a, or 17b	, check this bo	ox and see

· ;.

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	30691 40	40701 67	35623 08	· · 41730.96	51746 26	200493 37
2	Gross receipts from admissions, merchandise sold or services performed, or facilities					*	
	furnished in any activity that is related to the	İ				, ,	. 2
	organization's tax-exempt purpose				٠.,		. 1
3	Gross receipts from activities that are not an unrelated trade or business under section 513					,	
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge			25/25 52		,	
6	Total. Add lines 1 through 5	30691.40	40701.67	35623 08	41730.96	51746 26	200493 37
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .					i	
	· · · · ·	-					
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	,		 			
	line 6.)		ļ			i	200493 37
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	30691 40	40701.67	35623 08	41730.96	51746 26	200493 37
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
_	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b				-		
С 11	Net income from unrelated business						·
••	activities not included in line 10b, whether	,	,	,	:		
	or not the business is regularly carried on	· · . /	-		ج. حد د خنا	,	: Jt
12	Other income. Do not include gain or						
, ,	loss from the sale of capital assets						
•	(Explain in Part VI.)						
13	Total support: (Add lines 9, 10c, 11, and 12.)	30691 40	40701.67	35623.08	41730 96	51746.26	200493 37
14	First 5 years. If the Form 990 is for the		first, second,	third, fourth,	or fifth tax ye	ar as a sectio	
· ,	organization, check this box and stop he				·		<u></u> ▶ □
Secti	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2020 (line 8					15	100 %
16	Public support percentage from 2019 Sch					16	%
	on D. Computation of Investment Inc				·=•; · · · · · · ·	4-	* *
17	Investment income percentage for 2020 (* * *	•		17	0 %
18	Investment income percentage from 2019 331/3% support tests—2020. If the organi					18 . ore than 331/20	% and line
19a	17 is not more than 33½%, check this box						
b	331/3% support tests—2019. If the organiz						
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization di	-	_	•	-		
<u> </u>	i i i i i i i i i i i i	iot orioon a L		. 54, 5, 100, 6			<u> </u>

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
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ecti	on A. All Supporting Organizations				_
			Yes	No	_
1 .	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2			Ī
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a			j
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b			Ī
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c			Ī
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.				Ī
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b			j
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a			j
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b			ĵ
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 chantable 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.	5c			Ī
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).	6			
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).	8			Ī
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a			
b	Did one or more disqualified persons (as defined 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 .	9b	<u>·</u>		Ī
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 .	9c			<u>[</u>
I0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a	 ;		

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

determine whether the organization had excess business holdings.)

10b

Part	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	İ		
	11c below, the governing body of a supported organization?	11a		,
b	A family member of a person described in line 11a above?	11b		
	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		ا
Saction	on B. Type I Supporting Organizations		<u> </u>	Ь
Secur	on b. Type I Supporting Organizations		Yes	No
		<u> </u>	res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
.2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised; or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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	` -	
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
ź	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		1
-	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		اا
_				<u> </u>
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		اــــا
	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
Ċ	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity ('see ın	struct	ions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a; above, constitute activities that, but for the organization's involvement,			. 1
U	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			لــــا
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			i
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	26		i

Schedu	ė A (Form 990 or 990-EZ) 2020			Page 6
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	izations	
1 1	\square Check here if the organization satisfied the Integral Part Test as a qualifying	tru:	st on Nov. 20, 1970 (expl	ain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	izat	ions must complete Sect	ions A through E.
Sect	on A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		•
4	Add lines 1 through 3.	4		•
_ 5	Depreciation and depletion	5	1	
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		
c	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	,	, f
7	Check here if the current year is the organization's first as a non-function	ally	integrated Type III suppo	rting organization
	(see instructions).			

	IE A (FOITH 550 OF 550-EZ) 2020	1: 0			Page I
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continue	<u>a)</u>	
Sect	ion D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted		,
:	organizations, in excess of income from activity			2	•
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	3	•
4	Amounts paid to acquire exempt-use assets			4	•
5	Qualified set-aside amounts (prior IRS approval required-	provide details in Part	VI) .	5	l ¹ .
6	Other distributions (describe in Part VI). See instructions.		ı	6	
7	Total annual distributions. Add lines 1 through 6.		,	7	
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	8			
9	Distributable amount for 2020 from Section C, line 6	4,6		9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				, •.
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018		<u> </u>		
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
<u>h</u>	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:				
<u>a</u>	Applied to underdistributions of prior years				
ь	Applied to 2020 distributable amount		<u> </u>		
<u>c</u>	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:				
a	Excess from 2016		2		
p.	Excess from 2017				
С	Excess from 2018	5 , LP			•
d	Excess from 2019		•		
е	Excess from 2020		·	Ī	

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	
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SCHEDULE O (Form 990 or 990-EZ)

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.

2020

Employer identification number

86-0440722

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FFC - USA, INC.

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

Open to Public Inspection

Form 990-EZ, Part III. #28
F.F.C USA, INC. is a US 501(c)(3) corporation that collects domestic donations to support an orphanage in Podanur, India and in Dhaka,
Bangladesh The donations collected in the United States are then sent to the founding organization in Toronto, ONT, Canada; Families
For Children Des Familles pour des Enfants The funds are then sent to the orphanages in India and Bangladesh by the founding
organiation All officers and board members are volunteers and the only expenses against the donations are for such things as postage,
wiring fees, office supplies and filing fees with the Arizona Corporation Commission
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