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)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information. OCT 1 2021

Open to Public Inspection

A F	or the	2021 calendar year, or tax year beginning $\begin{array}{cccc} \mathtt{OCT} & \mathtt{1} , & \mathtt{2021} \end{array}$ and ending	SEP 30, 2022	
B C	heck if oplicable:	C Name of organization	D Employer identifi	cation number
	Address change	FEJ-USA		
	Name change	Doing business as	20-55256	62
	Initial return	<u> </u>	ite E Telephone numbe	
	Final return/	1464 W WEBSTER AVE	802-557-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	233,040.
	Amende return	CHICAGO, IL 00014	H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: BRIAN CARLSON		? Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates in	
				list. See instructions
		H WWW.FEJ-USA.ORG	H(c) Group exemptio	
		organization: X Corporation	ear of formation: 2006 N	M State of legal domicile: NC
Га		•		
မွ		triefly describe the organization's mission or most significant activities: PO CREATE HEALTHY, SUSTAINABLE COMMUNITIES IN	שאדייד יישטרווכ	п
Governance	_	Check this box if the organization discontinued its operations or disposed of me		
Veri		lumber of voting members of the governing body (Part VI, line 1a)		14
Ĝ		lumber of independent voting members of the governing body (Part VI, line 1a)		14
≪ા		otal number of individuals employed in calendar year 2021 (Part V, line 2a)		0
ij		otal number of volunteers (estimate if necessary)		15
Activities		otal unrelated business revenue from Part VIII, column (C), line 12		0.
٩		let unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
۵	8 C	Contributions and grants (Part VIII, line 1h)	232,193.	233,040.
ğ	9 P	rogram service revenue (Part VIII, line 2g)	0.	0.
Revenue	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
_	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	232,193.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	206,940.	239,591.
		lenefits paid to or for members (Part IX, column (A), line 4)	0.	0.
ès		salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ä		otal fundraising expenses (Part IX, column (D), line 25)	58,072.	34,935.
_		other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	265,012.	
		levenue less expenses. Subtract line 18 from line 12	-32,819.	-41,486.
– Si		levertue less expenses. Oubtract line 10 non line 12	Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)	45,722.	8,461.
Ass	21 T	otal liabilities (Part X, line 26)	10,375.	14,600.
ERE	22 N	let assets or fund balances. Subtract line 21 from line 20	35,347.	-6,139.
Pa		Signature Block		
		ies of perjury, I declare that I have examined this return, including accompanying schedules and state		knowledge and belief, it is
true,	correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prepared	irer has any knowledge.	
		O'control of the control	Data	
Sign		Signature of officer	Date	
Here	•	BRIAN CARLSON, DIRECTOR OF OPERATIONS Type or print name and title		
			Date Check C	PTIN
Do:4		Print/Type preparer's name IAMES G. QUAID JAMES G. QUAID	O2/08/23 Check if self-employ	
Paid Prep	_	Firm's name ► OSTROW REISIN BERK & ABRAMS, LTD.		36-2938874
Use (Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1500		JJ ZJJUU/4
550	·,	CHICAGO, IL 60611		2-670-7444
—— Mav	the IRS	S discuss this return with the preparer shown above? See instructions	T Holic Ho. 5 ±	X Yes No

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Part III | Statement of Program Service Accomplishments

	Observation of the Secretarian and the secreta	
	Check if Schedule O contains a response or note to any line in this Part III	L
1	Briefly describe the organization's mission:	
	OUR MISSION IS TO CREATE HEALTHY, SUSTAINABLE COMMUNITIES IN HA	LTI
	THROUGH EDUCATION, HEALTH CARE, CARE OF ORPHANED CHILDREN, AND	
	VOCATIONAL TRAINING.	
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
	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		Tes [21] NO
	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 e	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	benses, and
	revenue, if any, for each program service reported.	
4a)
	PROVIDING SUPPORT AND RESOURCES TO THE PEOPLE OF HAITI.	
4b	(Code:) (Expenses \$) (Revenue \$))
_		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ► 239,591.	222
		Form 990 (2021)

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Form 990 (2021) FEJ-USA 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b	Х	
15	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	175		
13		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	13	- 21	
16		46		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₇
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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

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Pa	rt IV Checklist of Required Schedules (continued)		T	_
			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			٦,
	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			177
	Schedule K. If "No," go to line 25a			X
	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?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			177
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_^
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		x
20	"Yes," complete Schedule L, Part IV			X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	•	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	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			
٠.		34		x
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	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			
-	If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	0		

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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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Pai	Tt 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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	3				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	count	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	ovided to the payor?	7a		Х
b	TENSOR IN COLUMN TO THE COLUMN			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion 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	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b		10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	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	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
		•		17	L	
	If "Ves " complete Form 6069					

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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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	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 14			
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		Х
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		Х
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		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-		- 21
7a		7-		Х
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		
b				Х
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	37
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			37
800	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.)		1	
	5 111		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRIAN CARLSON - 802-557-0335			
	1464 W. WEBSTER AVE., CHICAGO, IL 60614			

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

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

Section A. 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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if neither the organiz (A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(4-		Pos	itior	l than c	200	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	an	compensation	compensation	amount of
	week		cer an	d a d	irecto	ector/trustee)		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	Suedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BROOKE LEHMANN	5.00	T -	_							
PRESIDENT		Х		Х				0.	0.	0.
(2) JERRY OETGEN	5.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) PATRICK INGERSOLL	5.00									
TREASURER		Х		Х				0.	0.	0.
(4) SARAH DUNCAN	5.00									
SECRETARY		Х		Х				0.	0.	0.
(5) BRIAN CARLSON	5.00	1								
DIRECTOR OF OPERATIONS		Х		Х				0.	0.	0.
(6) JENNIFER ASH	5.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(7) GINA DUNCAN	5.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(8) HIMLER FRANCOIS	5.00	1							_	_
DIRECTOR		Х						0.	0.	0.
(9) ANDREW GIRARD	5.00	l								
DIRECTOR		Х						0.	0.	0.
(10) SANDRA PEREZ	5.00									
DIRECTOR	- F 00	Х						0.	0.	0.
(11) LISA TORRES	5.00	.,							_	_
DIRECTOR (12) PANIE MEGENEER	F 00	Х						0.	0.	0.
(12) DAVID WESTVEER DIRECTOR	5.00	х						0.	0.	0.
(13) MARCIA BROWN	5.00	^						0.	0.	U .
DIRECTOR	3.00	х						0.	0.	0.
(14) LILLIAN DUKES	5.00	_						0.	J .	<u> </u>
DIRECTOR	3.00	Х						0.	0.	0.
		22						0.		.
		1								
		1								
		1					l			

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section A. Officers, Directors, Trus	iees, key Emp	JIOY	ees,	anc	ı mıç	gnes	i C	ompensated Employee	s (continuea)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable		Es	timate	d
	hours per	box	, unle	ss per	rson i	s both	an	compensation	compensation	n	am	ount o	of
	week		uer an	iu a d	recto	r/trus	iee)	from	from related	- 1		other	
	(list any hours for	director						the	organization			oensa	
	related	or di	e e			ated		organization	(W-2/1099-MIS			om the	
	organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC/	1099-NEC)		_	anizati I relate	
	below	ual tr	tional		ploye	t con	_	1099-NEC)				nizatio	
	line)	Individual trustee or	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former				orga	ınzan	1113
		=	=	0	<u>×</u>	Τ 0	4						
		1											
		-											
		1											
		-											
		1											
1b Subtotal	1	I			<u> </u>		—	0.		0.			0.
c Total from continuation sheets to Part V	I, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)							•	0.		0.			0.
2 Total number of individuals (including but r							o re	ceived more than \$100,	000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer	•		•		•		•		•				
line 1a? If "Yes," complete Schedule J for s											3		<u>X</u>
4 For any individual listed on line 1a, is the s													v
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual	local factor and a second		4		X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." con											5		Х
Section B. Independent Contractors	<u>ipiete Scriedule</u>	e <i>J 1</i> 0	or st	icn į	oers	on .					3		- 21
Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	at received more than \$	100,000 of comp	pensat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(C		
Name and business	address	NC	ONE	<u> </u>			\dashv	Description of s	ervices	<u> </u>	omper	sation	1
							+						
							\dashv						
2 Total number of independent contractors (\$100,000 of compensation from the organ	•	ot lin	nited	d to	thos ۲	se lis)	ted	above) who received mo	ore than				
\$ 100,000 of compensation from the organ	-41011				_	-						200	

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Form 990 (2021)
Part VIII

Statement	of R	leven	iue
-----------	------	-------	-----

			Check if Schedule O contains a respon-	se or note to any	ine in this Part VIII			
			Official in Generalic G contains a respon-	se of flote to arry	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
								Sections 512 - 514
nts tts			Federated campaigns 1a		_			
iz a			Membership dues 1b		_			
S, C		С	Fundraising events1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations 1d					
s, C		е	Government grants (contributions) 1e					
Sign		f	All other contributions, gifts, grants, and					
ort He			similar amounts not included above 1f	233,040				
ĒÖ		а	Noncash contributions included in lines 1a-1f					
Son		_	Total. Add lines 1a-1f		233,040.			
<u> </u>			Totally lide in los Fa Tr	Business Cod				
_	2	_						
ice								
er ne		b		-				
n S		С		-				
Ja Se		d		-	+			
Program Service Revenue		е		_				
Δ.			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, int					
			other similar amounts)					
	4		Income from investment of tax-exempt bond	d proceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Not rental income or (loca)					
			Gross amount from sales of (i) Securitie					
	•	u	assets other than inventory 7a	()				
		h	Less: cost or other basis					
Φ		D						
Ď		_	and sales expenses		-			
eve			Gain or (loss)					
her Revenue			Net gain or (loss)	·····	•			
	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			,	Ва				
		b	Less: direct expenses	8b				
			Net income or (loss) from fundraising events	<u> </u>				
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
		b	Less: direct expenses	9b				
		С	Net income or (loss) from gaming activities_	>				
	10	а	Gross sales of inventory, less returns					
			and allowances	0a				
		b		0b				
			Net income or (loss) from sales of inventory	•				
			,	Business Cod	e			
sno	11	а						
Miscellaneous Revenue	• •	b						
lla ven					1			
Sce		Ç	All other revenue		+	 		
Ë			All other revenue		+			
		е	Total. Add lines 11a-11d		722 040	^	0	^
	12		Total revenue. See instructions	<u></u>	233,040.	0.	0.	0.

Form 990 (2021) FEJ-USA Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
·	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	239,591.	239,591.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees				
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	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.)	28,223.		28,223.	
12	Advertising and promotion	4 001		4 001	
13	Office expenses	4,981.		4,981.	
14	Information technology				
15	Royalties				
16	Occupancy	1,280.		1,280.	
17	Travel	1,200.		1,200.	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	451.		451.	
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					
b					
С					
d					
	All other expenses Add lines 1 through 24s	274,526.	239,591.	34 035	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	4/4,340.	437,331.	34,935.	U •
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)				
	II IUIIUWIIII 30F 98-2 (A30 938-720)				Form 990 (2021)

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Part X Balance Sheet FEJ-USA

Par	τλ	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		45,722.	1	8,461
	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, su				
		controlled entity or family member of any of t		5		
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
₹	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)		16	8,461
	17	Accounts payable and accrued expenses		17	4,500	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
es	22	Loans and other payables to any current or for				
Liabilities		trustee, key employee, creator or founder, su				
<u>a</u>		controlled entity or family member of any of t			22	
-	23	Secured mortgages and notes payable to uni			23	10 100
	24	Unsecured notes and loans payable to unrela		10,100.	24	10,100
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		10 275	25	14 600
_	26	Total liabilities. Add lines 17 through 25		10,375.	26	14,600
္အ		Organizations that follow FASB ASC 958, o	heck here			
ဥ	07	and complete lines 27, 28, 32, and 33.		35,347.	07	_6 130
<u>a</u>	27			***		-6,139
8 8	28	Net assets with donor restrictions			28	
5		Organizations that do not follow FASB ASC	958, check here			
<u></u>	00	and complete lines 29 through 33.	al a		00	
STS	29	Capital stock or trust principal, or current fun			29	
1886	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			31	-6,139
ž	32	Total lich lities and not seed (fund balances		4E 722		8,461
	33	Total liabilities and net assets/fund balances		45,122•	33	Form 990 (202

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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			<u>40.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 26.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	-41	L,4	86.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3!	5,3	47.	
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	- (5,1	<u>39.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	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?		За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2021)	

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization 20-5525662 FEJ-USA Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	192,040.	138,979.	221,402.	232,193.	233,040.	1017654.
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	192,040.	138,979.	221,402.	232,193.	233,040.	1017654.
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)						244,162.
6	Public support. Subtract line 5 from line 4.						773,492.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	192,040.	138,979.	221,402.	232,193.	233,040.	1017654.
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.)	508.	4,965.	820.			6,293.
11	Total support. Add lines 7 through 10						1023947.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						>
Sec	tion C. Computation of Public	c Support Per	centage				
	Public support percentage for 2021 (li					14	75.54 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	78.26 <u>%</u>
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2020. If the o	rganization 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 quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part '	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pul	blicly supported or	ganization		>
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu		-		• • •		▶□
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		, ,	` '		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here	-					
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (I			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)21 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2020. If the	=	-	•			and
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						>

23255.02

Schedule A (Form 990) 2021 FEJ-USA 20-5525662 Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1	Are all of the organization's supported organizations listed by name in the organization's governing
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

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

		Yes	No
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H	1		
L	2		
L	3a		
- 1			
H	3b		
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Par	TIV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	+	
	A family member of a person described on line 11a above?	_	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
0	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		т —
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
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.		
Sec	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	162	NO
1	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)		
Sec	the supported organization(s). 1 tion 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	103	110
•	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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion 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 instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	on <u>s).</u>	
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.	\perp	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		
	these activities but for the organization's involvement.	\bot	
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.	_	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

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Schedule A (Form 990) 2021

FEJ-USA

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	ic colocol rage c
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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-function	ally integrate	ed Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509/	(a)(3) Supporting Orga	nizations /acation	/\					
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) ection D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exer	1	Guirent real						
2	Amounts paid to supported organizations to accomplish exemp								
_	organizations, in excess of income from activity	t purposes or supported		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
4	Amounts paid to acquire exempt-use assets	o or supported organizations	,	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.	ovide details in a size a say		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 2021 from Section C, line 6			9					
10	Line 8 amount divided by line 9 amount			10					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021				
1	Distributable amount for 2021 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2021 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2021								
а	From 2016								
b	From 2017								
С	From 2018								
d	From 2019								
е	From 2020								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2021 distributable amount								
i	Carryover from 2016 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2021 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2021 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2021, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2021. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2022. Add lines 3j								
	and 4c.								
8_	Breakdown of line 7:								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
a	Excess from 2020								

Schedule A (Form 990) 2021

e Excess from 2021

SCHEDULE F (Form 990)

Department of the Treasury

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.

Open to Public

Employer identification number

Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

FEJ-USA 20-5525662 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 maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region CENTRAL AMERICA AND GRANTS TO RECIPIENTS THE CARIBBEAN LOCATED IN THE REGION 239,591. 0 0 239,591. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 239,591. and 3b)

132071 12-20-21

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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)
		CENTRAL AMERICA	PROVIDE SUPPORT AND RESOURCES TO THE PEOPLE OF HAITI	235 218	CHECK AND EFT		MEDICATIONS, FOOD, AND CLOTHING	FMV
		IND THE CHAIDBEAN	I HOUSE OF THAT I	233,210.	CHICK IND HI	4,373.	CLOTHING	1.74
			recognized as charities by the f					1

3	Enter total	number of	of other	organizations	or entities

Part III	art 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.								
(a) T <u>y</u>	ype of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)	

Schedule F (Form 990) 2021 FEJ-USA 20-5525662 Page 4

rait	roreign 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		X No
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	A 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		
		Yes	X No
	Foreign Partnerships (see Instructions for Form 8865)	1es	LAT INO
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)

Schedule F (Form 990) 2021

Yes X No

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FEJ-USA

Employer identification number 20-5525662

OMB No. 1545-0047

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATION, HEALTH CARE, CARE OF ORPHANED CHILDREN, AND VOCATIONAL
TRAINING.
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES WITH AUTHORITY TO ACT ON
BEHALF OF THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS REVIEWED AND APPROVED BY EXECUTIVE BOARD MEMBERS AND BY A
BOARD MEMBER WITH LEGAL TRAINING. FORM 990 IS PROVIDED TO ALL BOARD
MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:
PROFESSIONAL FEES:
PROGRAM SERVICE EXPENSES 0.
MANAGEMENT AND GENERAL EXPENSES 28,223.
FUNDRAISING EXPENSES 0.
TOTAL EXPENSES 28,223.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 28,223.

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

Schedule O (Form 990) 2021