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SCAMMENT NET
DEC 0 7 2017

		Short Form		OMB No 1545-1150
m (noa	-EZ Return of Organization Exempt From Inc	come Tax	2016
1	<i>3</i> 3 0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (excep	pt private foundations)	
		► Do not enter social security numbers on this form as it may be		
			-	Inspection
<u>el l</u>	Paveline	Tressury Service ► Information about Form 990-EZ and its instructions is at www.	i.irs.gov/form990.	
01	the 2	D16 calendar year, or tax year beginning , 2016, and endi		, 20 Identification number
)he	ck if app	C Name of organization		
dd	ress che			140400
Nam	e chang	9 Number and sheet (or P.O., box, if mail is not delivered to street address) Room/	Telephone	number
mitte	i re(um	,	ł	
Γina	il returnit	erminated 3333 N Illinois Street		
Ame	ended re	City or town state or province, country, and ZIP or foreign postal code	F Group Ex Number	
	lication p			If the organization is not
		ig Method XI Cash L Accrual Other (specify)		ach Schedule B
	bsite:		, / '	0-EZ, or 990-PF).
		upt action (cliency of the cliency o	627 (Form 990, 98	10-EZ, 01 930-F1 [.
Foi	m of o		f total ancets	,
Αd	d lines	5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i		► S 2,5
		mn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes In Net Assets or Fund Balances	(roe the instructions	for Part I)
ar		Revenue, Expenses, and Changes in Net Assets of Fund Databases	art i	
, -	_	Check if the organization used Schedule O to respond to any question in this Pa		1 2,50
		Continuations, girls, grante, and similar amounts received		2
		Program service revenue including government fees and contracts		3
	3	Membership dues and assessments		4
	4	Investment Income		
		Chass and the sale of assets of the first internal		
		Cess, cost of officer basis and sales expenses		5c
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 55 from line 5a)		
1	6	Gaming and fundraising events		
1	а	Gross income from gaming (attach Schedule G if greater than		
		313.000)	ontributions	
		Gloss income north relativisting exercise (nor more large	JI (III) III (III)	
:		from fundraising events reported on line 1) (attach Schedule G if the		
1		addit of addit global ficefile and destribution expenses a state of		
1		These direct experiment from Bernard and restauration of a second	1	
-	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract		8d
		line 6c)	· · · · -	
		Gloss sales of five files, task folding and allowards		
		Less cost of goods sold		7c
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		8
	8	Other revenue (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·	9 2.5
-	9	Total revenue. Add lines 1, 2 3, 4, 5c, 6d, /c, and 8		10
	10	Grants and similar amounts paid (list in Schedule O)		11
	11	Benefits paid to or for members Salarles, other compensation, and employee benefits	-	12
	12		}-	13
	13	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance		14 4,5
	14	Occupancy, rent, utilities, and maintenance	-	152
1	15		-	16
-	16	ania albanese (essaria a socialis a so		17 4,7
+		Total expenses. Add lines 10 through 16		18 (2,2
3	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	· · · · · · · · · · · · · · · · · · ·	12,2
Ĭ	19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with		19
Met Masels		end-of-year figure reported on prior year's return)	,	20
	20	Other changes in net assets or fund balances (explain in Schedule O)		21 (2,2
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		, Form 990-EZ (20

om 990-EZ (2016)	The Fathers Foundation	Inc.		46-2	1404	00 Page 2
Polonce Sheets	(see the instructions for Part I	<u> </u>				C
Check if the orga	anization used Schedule O to re	spond to any question	in this Part II		· · ·	(O) F-1 44:
			⊢ (A) Beg	inning of year	 	(B) End of year
Cash, savings, and investme				0	22	
Land and buildings · · ·			1 	0	24	0
	chedule O)			0	26	
IOINI GOGIE ED			· · · · ·	0	26	. 0
Total liabilities (describe in					27	0
Net assets or fund balance	es (line 27 of column (B) must agre	monte (see the instruc			_ 	
art III Statement of I	Program Service Accomplish ganization used Schedule O to	menus (see me membe soppost to any question	n in this Part III			Expenses
	ry exempt purpose? Mentor ye		111111111111111111111111111111111111111	-	1, -,	ired for section
•	-)(3) and 501(c)(4)
measured by expenses, in a	ram service accomplishments for ea clear and concise manner, describe evant information for each program t	the services provided, the n	umber of		others	sizations, optional for
	not achieved our goal					
/Cranto E	\ If this amount	Includes foreign grants, ch	eck hare		28a	1
(Grants \$	/ 1/ (1/10 2/11/00/11	moleoco rorongi i granici an		<u>-</u>		
1					!	
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(Grants \$) If this amount	includes foreign grants ch	eck here	· . · 🕨	29a	
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(Grants \$) If this amoun	Includes foreign grants ch	eck here · · ·	· • <u> </u>	30a	
Other program services (de		• • • • • • • • • • • • • • • • • • • •				
(Grants \$		t includes foreign grants, ch	eck here	<u> </u>	318	
2 Total program service ex	penses (add ilnes 28a through 31a)			.	32	
Part IV List of Officers,	Directors, Trustees, and Key Em	oloyees (list each one ever	if not compensated			
Check If the orga	inization used Schedule O to respon	to any question in this Par		7		
		(b) Average	(c) Reportable compensation	(d) Health benefit contributions to em		(v) Estimated amount of
(a) Name à	nd tile	hours per week devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans, вг deferred compens		other compensation
ashad Jones			the not pale, with so	Apid Ad Invitation	40.550	
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			L			Form 990-EZ (2016
EA						

Form 994	EZ (2018) The Fathers Foundation Inc. 46-214040	JU		aye 3
Part	VI Other Information (Note the Schedule A and personal benefit contract statement requirements in the			П
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
			Y08	140
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Ĩ	v
	tetailed description of each activity in Schedule O	33		<u> X</u>
34	Nere any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	1	ĺ	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the		- 1	
	change on Schedule O (see instructions)	34		<u>X</u>
7E =	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
35 a	DIO (tie Digatization) nave La richated vositicas gives movine of thereigh	35a		Х
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35b		
b	If "Yes," to line 35a, has the organization filed a Form 990-1 for the year? If "No. ' provide an explanation in Schedule O			
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35c		X
	reporting, and proxy tex requirements during the year? If "Yes " complete Schedule C, Part III			
	Old the organization undergo a liquidation dissolution, termination, or eignificant disposition of net assets	36		X_
	during the year? If "Yes," complete applicable parts of Schedule N	- 30		⊢∴ –
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			v
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	1		
	Initiation fees and capital contributions included on line 9)))
	Gross receipts, included on line 9, for public use of club facilities		}	
b	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	1	
40 a	1 40EF .	1		1
	3000017011			ŀ
ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	l		
	excess benefit transaction, during the year, or did it engage in an excess benefit transaction in a prior year	40b	}	X
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	1		<u> </u>
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,	1		
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·			
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line		1	1
	40c reimbursed by the organization			1
0	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			١
	transaction? If "Yes," complete Form 8886-T	400]	<u> </u>
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of Rashan Jones Tolephone no. 317-5	41-0	602	—
	Located at ▶ 3333 n Illinois Street, Indianapolis, IN ZIP+4 ▶ 46208	<u> </u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).		٠, ا	
	At any time during the catendar year, did the organization maintain an office outside the United States?	42¢		X
G		امعنت		
	If "Yes," enter the name of the foreign country		1	, 「
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in liou of Form 1041 Check here	1		L
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>	Yes	No
		1	100	
44 a	Did the organization matinitian any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	448	- 	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1		١,,
	completed instead of Form 990-EZ	44b	+	X
C	Did the organization receive any payments for indoor fanning services during the year?	44c	-	X
đ	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	1_	\perp
46 P	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1	T
	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		X
		orm 9		
E	^Γ	~,,,,,	ڪت-ب ب	1-4.6

om 990-EZ (2016) The Fathers Fol	indation Inc.		46-2	140400	Page
			A		Yes No
Did the organization engage, directly or indirectly, i				48	X
to candidates for public office? If "Yes," complete					1 20
All section 501(c)(3) organizations All section 501(c)(3) organization	i Only Is must answer allest	lone 47-49b and 52	and complete the	tables for life	nes
50 and 51.	S Ittust allower quest	10113 41 -30 and 32,	and complete me		
Check if the organization used S	chedule O to respond	to any question in t	his Part VI		[]
Gleck if the organization does o	onedate o to roop				Yes No
Did the organization engage in lobbying activities of	or have a section 501(h) ele	ction in effect during the ta	\		
year? If "Yes," complete Schedule C. Part II				47]
is the organization a school as described in section	n 170(h)(1)(A)(li)? If "Yes." (complete Schedule E	. ,	48	X
a Did the organization make any transfers to an exe	mot non-charitable related (organization?		49a	
b If "Yes," was the related organization a section 52			.,	49b	
Complete this table for the organization's five high	est compensated employee	s (other than officers, direc	tors, trustees and key		
employees) who each received more than \$100,0	00 of compensation from the	e organization if there is r	none, enter 'None."		
Uniposos, mo observations		(c) Reportable	(d) Health benefits,	(a) I atherates	i amazat est
(a) Name and title of each employee	(b) Average hours per week	compensation	contributions to employee benefit plans and deferred	(e) Latimated	pensation
(a) that is a first the an arm and a first the	devoted to position	(Forms W-2/1099-MISC)	compensation		
ONE					
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	!	,	\ 		
			1		_
(a) Name and business address of each independent co	ntracto:	(b) Type of servic		(c) Compensation	· ·
	ntractor	(b) Type of service		(c) Compensation	·
	ntracto:	(b) Type of service		(e) Compensation	<u>-</u>
	ntracto:	(b) Type of servic		(c) Compensation	
	ntracto:	(b) Type of servic		(c) Compensation	
	ntractor	(b) Type of servic		(c) Compensation	
	ntractor	(b) Type of service		(c) Compensation	
	ntracto	(b) Type of service		(c) Compensation	
	ntracto	(b) Type of service		(c) Compensation	
ONE				(c) Compensation	
d Total number of other Independent contractors ea	ch receiving over \$100,000			(c) Compensation	
d Total number of other Independent contractors ea	ich recelving over \$100,000 i: Alf section 501(c.(3) orga			(c) Compensation	
d Total number of other independent contractors es Did the organization complete Schedule A? Note completed Schedule A	ich recelving over \$100,000 : All section 501(c)(3) orga	ivizations must attach a		▶ ☑ Yes	
d Total number of other independent contractors ea 2 Did the organization complete Schedule A? Note completed Schedule A	ich receiving over \$100,000 i: All section 501(c)(3) orga eturn, including accompanying	adzations must attach a	nd to the best of my knowle	▶ ☑ Yes	
d Total number of other Independent contractors ea Did the organization complete Schedule A? Note completed Schedule A nder penalties of perjury, I declare that I have examined this use, correct, and complete Declaration of preparer (other that	ich receiving over \$100,000 i: All section 501(c)(3) orga eturn, including accompanying	adzations must attach a	nd to the best of my knowle by knowledge	▶ ☑ Yes	
d Total number of other independent contractors es Did the organization complete Schedule A? Note completed Schedule A Inder penalties of perjury, I declare that I have examined this one, correct, and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and complete Declaration of prepare (other that I have examined this of the correct and correct	ich receiving over \$100,000 i: All section 501(c)(3) orga eturn, including accompanying	adzations must attach a	nd to the best of my knowle	▶ ☑ Yes	
d Total number of other independent contractors ease Did the organization complete Schedule A? Note complete Schedule A	ich receiving over \$100,000 i: All section 501(c)(3) orga eturn, including accompanying	adzations must attach a	nd to the best of my knowle by knowledge	▶ ☑ Yes	
d Total number of other independent contractors es 2 Did the organization complete Schedule A? Note completed Schedule A inder penalties of perjury, I declare that I have examined this use, correct, and complete Declaration of preparer (other than sign signature of officer Rashan Jones Type or print name and like	och receiving over \$100,000 o: All section 501(cr(3) orga eturn, including accompanying n officer) is based on all inform	achadules and statements, a stillon of which preparer has an	nd to the best of my knowle by knowledge	Yes Yes adge and bellef, if	
d Total number of other independent contractors es 2 Did the organization complete Schedule A? Note completed Schedule A inder pensities of perjury, I declare that I have examined this us, correct, and complete Declaration of preparer (other than signal Signature of officer Rashan Jones, Officer	ich receiving over \$100,000 i: All section 501(c)(3) orga eturn, including accompanying	adzations must attach a	nd to the best of my knowle y knowledge Oate	Yes Yes adge and ballef, if	No No
d Total number of other independent contractors es 2 Did the organization complete Schedule A? Note completed Schedule A Inder penalties of perjury, I declare that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and complete Declaration of preparer (other that I have examined this use, correct, and correct that I have examined this use, correct, and correct that I have examined this use, correct, and correct that I have examined this use, correct, and correct that I have examined this use, correct, and correct this use, correct, and correct that I have examined this use, correct that I have examined the use of the use o	och receiving over \$100,000 o: All section 501(cr(3) orga eturn, including accompanying n officer) is based on all inform	achadules and statements, a stillon of which preparer has an	nd to the best of my knowle by knowledge	Yes Yes adge and bellef, if	No No
d Total number of other independent contractors es 2 Did the organization complete Schedule A? Note completed Schedule A Inder penalties of perjury, I declare that I have examined this of the correct, and complete Declaration of preparer (other than Sign Signature of officer Rashan Jones, Officer Type or print name and like Print/Type properer's name Martha Orkmon	och receiving over \$100,000 o: All section 501(cr(3) orga eturn, including accompanying n officer) is based on all inform	echedules end statements, a sation of which preparer has an Date	nd to the best of my knowle by knowledge	Yes Yes adge and ballef, if	No No
d Total number of other independent contractors ea 2 Did the organization complete Schedule A? Note completed Schedule A Inder penalties of perjury, I declare that I have examined this oue, correct, and complete Declaration of preparer (other than the Sign Signature of officer Rashan Jones Officer Rashan Jones, Officer Type or print name and little Print/Type preparer's name Martha Orkmon Preparer Firm's name Main Tax Service Firm's name Main Tax Service Firm's address 3333 N 1111no	eturn, including accompanying nofficer) is based gyali inform. Preparer's signalize And Bookkeeping	echedules end statements, a sation of which preparer has an Date	nd to the best of my knowle by knowledge Check	Yes adge and bellef, if	□ No
d Total number of other independent contractors ea 2 Did the organization complete Schedule A? Note completed Schedule A Inder penalties of perjury, I declare that I have examined this of oue, correct, and complete Declaration of preparer (other than the standard penalties of officer Rashan Jones Rashan Jones, Officer Type or print name and little Print/Type preparer's name Ratha Orkmon Firm's name Maid Tax Service Firm's name Maid Tax Service	eturn, including accompanying nofficer) is based gradi inform. Preparer's signatury Preparer's signatury De and Bookkeeping 1. Street IN 46208	echedules end statements, a sation of which preparer has an Date	nd to the best of my knowle by knowledge Check	Yes Yes adge and ballef, if	No 148

SCHEDULE A

(Form 990 or 990-EZ) Department of the Treasury

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.

Public Charity Status and Public Support

QMB No 1545-0047

2016 Open to Public

Interne	Reve	anua Servica	Information ab	out Schedule A (Forn	n 990 or 990-EZ) and its in	structions	s at www.i		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name	eme of the organization								
The	Fa	thers Four	ndation Inc.				1	46-214040	
Pa		Reason	for Public Charity	/ Status (All org	anizations must co	mplete	inis part) See instruction	8.
The c	irgar	nization is not a	private foundation beca	use it is: (For lines 1	through 12, check only o	ne box)			
1					has described in section		(A)(I).		
2		A school desc	ribed in section 170(b)(1)(A)(II), (Altach Sc	hadula E (Form 990 or 9	90-EZ).)			
3	$\bar{\Box}$	A hospital or a	a cooperative hospital se	rvice organization d	escribed in section 170(b)(1)(A)(ii	1).		
4	Ē	A medical res	earch organization opera	sted in conjunction v	vith a hospital described	in section	170(b)(1)	(A)(III). Enter the	
	_		ne, city, and state:						
5	П	An organizatio	on operated for the benef	it of a college or uni	versity owned or operated	by a gove	mmental i	unit described in	
	_		o)(1)(A)(Iv). (Complete F						
6	П				described in section 17	0(b)(1)(A)	(v).		
7	$\overline{\mathbb{N}}$				lits support from a gover			the general public	
	_		ection 170(b)(1)(A)(vi)						
8	Π		trust described in section		(Complete Part II)				
9		An agricultura	il research organization	described in section	170(b)(1)(A)(lx) operat	ed in conju	nction with	h a land-grant college	
•	_	or university o	r a non-land-grant colleg	e of agriculture (see	instructions) Enter the r	ame city,	and state	of the college or	
		university.		•					
10	\Box		on that normally receives	. (1) more than 33 1	/3% of its support from co	ontabutions	s, member	ship fees, and gross	
	_	receipts from	activities related to its ex	empt functions - sub	oject to certain exceptions	s, and (2) n	o more thi	an 33 1/3% of Ita	
					ness taxable income (lesi				
					ction 509(a)(2). (Comple				
11	П				it for public safety. See a				
12	ñ				benefit of, to perform the			arry out the purposes	
	_				d in section 509(a)(1) or				
					type of supporting organi				
	a				ed, or controlled by its su				
					ppoint or elect a majority				
			g organization. You mu						
	b	Type II. A	supporting organization	a supervised or cont	rolled in connection with	its support	ed organia	zation(s), by having	
					vested in the same pers				
			ion(s). You must comp						
	C	Type lil f	unctionally Integrated.	A supporting organ	ization operated in conne	ction with,	and funct	ionally integrated with	1
		its suppoi	rted organization(s) (see	instructions). You i	must complete Part IV,	Sections :	A, D, and	E.	
	þ	Type III n	on-functionally integr	ated. A supporting o	organization operated in o	connection	with its su	ipported organization(i	\$)
		that is not	t functionally integrated	The organization ge	nerally must satisfy a dist	ribution red	quirement	and an attentiveness	
		requireme	ent (see instructions) Ye	ou must complete	Part IV, Sections A and	D, and Pa	art V		
	0	Check thi	is box if the organization	received a written d	etermination from the IRS	S that it is a	Type I, Ty	/pe il, Type III	
					grated supporting organi	zation			
	f		nber of supported organi			• • • •			
	9	Provide the fo	ollowing information abou	it the supported orga	anization(s)			<u> </u>	
	((i) Name of supporte	ed organization	(II) EIM	(iii) Type of organization (described on lines 1-10	(Iv) is the o	•	(v) Amount of monetary support (see	(vi) Amount of other support (see
				1	apovo (soo iustincgout))	docum		Instructions)	instructions)
				1		Yes	No	4	
						103	No	ļ	
(A)						1			
						 	-		
(B)									
					The second secon		 -		
(C)						Ì			
(D)									
107				1	1	Į.	1	1	

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

(E)

Total

Schedule A (Form 990 or 990-EZ) 2016

Schedu	te A (Form 990 or 990-EZ) 2016 The I	fathers Four	dation Inc.			46-2140400	Page 2
Par	til Support Schedule for Org	anizations D	escribed in Se	ections 170(b)	(1)(A)(Iv) and	170(b)(1)(A)(vi)	_
	(Complete only if you check	ked the box or	n line 5, 7, or 8	of Part I or if th	ne organization	rfailed to qualify ι	under
	Part III If the organization for	alls to qualify	under the tests	listed below, p	lease complet	e Part III.)	
Reci	tion A. Public Support	<u>, , , , , , , , , , , , , , , , , , , </u>					
_	dar year (or flacel year beginning in)	(a) 2012	(ь) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Calen	par year (or fiace) year beginning in)	(8) 2012	(B) 2013	10,2014	10/20.0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	W
1	Gifts, grants, contributions, and		ì				
	membership fees received. (Do not					2	0 643
	include any "unusual grants.") •••••					2,543	2,543
2	Tax revenues levied for the		1				
•	organization's benefit and either paid			1		1	
	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the		İ				
	organization without charge		}				
4	Total. Add lines 1 through 3					2,543	2,543
5	The portion of total contributions by				T	7	
J	each person (other than a			1			
	governmental unit or publicly		J				
	•						
	supported organization) included on		1				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						2,543
6	Public support. Subtract line 5 from line 4 · ·						2,545
	tion B. Total Support	-	-)	T (-) 2044	(d) 2015	(e) 2016	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(a) 2015		2,543
7	Amounts from line 4			<u>i </u>		2,543	2,343
8	Gross income from interest, dividends, payments received on securities loans,			ŀ	F		
	rents, royalties and income from similar				1		
	sources	<u></u>		<u> </u>		+	
9	Net income from unrelated business						
-	activities, whether or not the business	I					
	is regularly carried on						
10	Other income. Do not include gain or	}		!		i l	
10	loss from the sale of capital assets		1	1			
	(Explain in Part VI.)		i			1	
11	Total support. Add lines 7 through 10						2,543
12	Gross receipts from related activities, etc. (s	ee instructions)				. 12	
13	First five years. If the Form 990 is for the o		second third four	th, or fifth tax year	as a section 501(c)	(3)	
	organization, check this box and stop here	· · · · · · · ·					<u></u> ▶ 🔀
Sec	tion C. Computation of Public St	pport Percer	ntage				
14	Public support percentage for 2016 (line 6, c			f)) · ·		. 14	0.00 %
15	Public support percentage from 2015 Sched	ule A. Part II. line	14			. 15	%
16a	33 1/3% support test - 2016. If the organiz	ation did not checi	k the box on line 13	and line 14 is 33	1/3% or more, che	ck inis	
	box and stop here. The organization qualifi					,	🕨 🔲
b	33 1/3% support test - 2015, if the organiz	ation did not chec	k a box on line 13 o	or 16a, and line 15	is 33 1/3% or more	, check	
_	this box and stop here. The organization qu						▶ 📙
17a	10%-facts-and-circumstances test - 2016						
174	10% or more, and if the organization meets						
	Part VI how the organization meets the "fact						
	organization organization meets the fract	a-and-circums(and	ves lest, the organ	irettou dosmos sa	a hansely applying		▶ □
							<u>.</u>
ь	10%-facts-and-circumstances test - 2015					u id	
	15 is 10% or more and if the organization r					_	
	Explain in Part VI how the organization mee	te the "facts-and-o	drcumstances' test	The organization of	qualifies as a public	ly	. 🗀
	supported organization						▶ ⊔
18	Private foundation. If the organization did						, m
_	instructions	,			<u> </u>		
EEA	- · · · · · · · · · · · · · · · · · · ·					Schedule A (Form 9	190 or 990-EZ) 2018

317 541 0603 PAGE. 9/ 14 46-2140400 Page 3

	990 or 990-EZ) 2016 The F	athers Foun	ndation Inc.	notion Ecotol	31.	46-21404	00 Page 3
Part III	Support Schedule for Orga (Complete only if you check	anizations D	escriped in Si	t Lor if the ordi	e) Anization feiled	to qualify und	ler Part II.
	(Complete only if you check If the organization fails to qu	ed the box of	n iine Tu oi Fai ne tests listed b	elow pleasa c	complete Part I	l)	ior i dicin
Section A	Public Support	ally dide: "	10 10313 11310 0 1	Joint, product		· /	
	ir (or flacal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2018	(f) Total
1 Gifts, gran	nta, contributions, and membership fees (Do not include any "unusual grants")						
	elpts from admissions, merchandise	,	 		<u>-</u>		
sold or se furnished	invices performed, or facilities in any activity that is related to the ion's tax-exempt purpose			1200-200-00			
	elipte from activities that are not an trade or business under section 513			<u> </u>			
organizat	nues levied for the ion's benefit and either paid ended on its behalf		<u></u>		-		
furnished	e of services or facilities by a governmental unit to the ion without charge			}			
6 Total. Ad	td lines 1 through 5				· 		
	Included on lines 1, 2, and 3 from disqualified persons			: 		<u> </u>	
received persons	Included on lines 2 and 3 from other than disqualified that exceed the greater of \$5,000 the amount on line 13 for the year						
C Add lines	376 and 76						
	upport. (Subtract line 7c from						
	I. Total Support			<u> </u>			
	er (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts	from line 6						
payment	come from interest, dividends, s received on securities loans, rents, and income from similar sources				<u> </u>		
section 5	d business taxable income (leas i11 taxes) from businesses after June 30 1975 · · · · · · ·						
C Add lines	s 10a and 10b · · · · · · · · .		<u> </u>			-	- "
activities	me from unrelated business i not included in line 10b, whether e business is regularly carried on						
toss fro	ncome Do not include gain or m the sale of capital assets n in Part VI.)						
and 12	upport. (Add lines 9, 10c, 11,				<u> </u>	<u> </u>	
organiz	ve years. If the Form 990 is for the org ation, check this box and stop here C. Computation of Public Su		<u> </u>	h, or fifth tex year e	as a section 501(c)		▶ □
	support percentage for 2016 (line 8, col			<i>n</i> ,		- 15	
16 Public s	support percentage from 2015 Schedul	e A, Part III, line	15			· · · · · · · · · · · · · · · · · · ·	
	D. Computation of Investmen			rolumn (fil)		. 17	
	nent income percentage for 2016 (line nent income percentage from 2015 Sc					18	
19a 33 1/3%	4 support tests - 2016, If the organization more than 33 1/3%, check this box a	ation did not che	ck the box on line 1	4 and line 15 is mailfies as a nubliciv	ore than 33 1/3%, a	and line	· · · · · · • 🛚
b 33 1/3%	4 support tests - 2015. If the organization of more than 33 1/3% check this b	ation did not che	ck a box on line 14	or line 19a, and fin	e 16 is more than 3	33 1/3%, and	 □ •
	is not more than 33 1/3% check this to foundation. If the organization did no						
EEA	TANTIMENEN UNIA A-BRUNENIALI AIG LE			,			A (Form \$90 or 990-EZ) 2

46-2140400

Page 4

Schedule A (Form 990 or 990-EZ) 2016

The Fathers Foundation Inc.

Part IV Supporting Organizations

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

Seci	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Palon A. All Supporting Organizations			
Jett	An O' VIII Ankkarnus Al Semenana		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	1 1	, 7	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1 1] _
_	Did the organization have any supported organization that does not have an IRS determination of status		بر	, ,
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	1		1
	organization was described in section 509(a)(1) or (2)	2		
2-	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			1.
3a		3a		
	(b) and (c) below. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	,		,
þ	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when end how the	1 5	13	
	organization made the determination.	3b	' ` `	
	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	,		1,000
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		1
	Was any supported organization not organized in the United States ("foreign supported organization")? If	<u> </u>		
48	"Yes," and if you checked 12a or 12b in Part I. answer (b) and (c) below	4a	ĺ	
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	—	, e.,	—
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1		1.00
	despite being controlled or supervised by or in connection with its supported organizations	4b	ļ	[
_	Did the organization support any foreign supported organization that does not have an IRS determination	1		1
¢	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	.	١.	' '
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)		1	1
		4c	1	1
F.	purposes Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			11.
58	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (l) the names and EIN		, ,	
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	1	11 - 44	10 1
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action		1 "	1
	was accomplished (such as by amendment to the organizing document)	5a		
			1.	
þ		5b	1	1
_	designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	Бc	 	1
ç	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	1	1.	1 1
8	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	'	1	
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		1 :	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	` `	1.
	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	Ť	 	1: .
7	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	1'.	1 .:	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
۰	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			—
8	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	В	ì	1
0	the state of the s		- /// /	-
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		10	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI	9a	1	1
_	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1	۲.	1
U	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	1	1
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		75	1
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90		1 '
40-	Was the organization subject to the excess business holdings rules of section 4943 because of section	1.	1	
: Q2	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	+		T^{-1}
	supporting organizations)? If "Yes," answer 10b below	10a	1	`
L	Did the organizations)? If Yes, answer foo below Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		1	
E)	determine whether the organization had excess business holdings)	10t	ٔ اد	
	CATALLULIA MURUPA DE UNA UNDIAGUOLI DEU GAUGIO DUSUNOS DVIVINOS /			

Schedule A (Porm 990 or 990-EZ) 2018

Schedu	Ne A (Form 990 or 990 EZ) 2016 The Fathers Foundation Inc. 46-2	140400		Pag	0 6
	TIV Supporting Organizations (continued)		150		_
			Ye	-	<u> 10</u>
11	Has the organization accepted a gift or contribution from any of the following persons?		1.	1	
8	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	144	.	;	•
	below, the governing body of a supported organization?	110			
þ	A family member of a person described in (a) above?	<u> </u>			
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	irt VI 11	<u>c </u>		_
Sec	tion B. Type I Supporting Organizations		Ye	a 1	No
	mile the discount of the property of any property organizations have the nower to	۲	-	+	-
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	. 1	1 1	V .	- 1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	,		- k.	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	"	,.[, ,	1	, ,
	controlled the organization's activities. If the organization had more than one supported organization,	dad .	14:	.	200
	describe how the powers to appoint and/or remove directors or trustees were allocated among the support	TOU I	٠	- [•	-
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	- -	-	بب
2	Did the organization operate for the benefit of any supported organization other than the supported		, .	` -	(د ا
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in P	art	1 4	: }:	ε,
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,]	.1 "		1
	supervised, or controlled the supporting organization	1 2	1	ľ	
Sec	tion C. Type II Supporting Organizations	·			_
	Molt of Type it dupporting organization		Ye	9	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the director	s [·			, .
•	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control	oj [1	.	
	or management of the supporting organization was vested in the same persons that controlled or manage	ed	1.3	j	
	the supported organization(s).	1	1	-	
Sec	tion D. All Type III Supporting Organizations				
			Y	98	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		10	.]	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the p	rior tax	`. \	1.5	; ; `
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of	fthe	, '	`~ , ',	/ -
	organization's governing documents in effect on the date of notification, to the extent not previously provid	ed? 1			
1	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ad l		,	1. 4.
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part	Vinow			Ι,.
	the organization maintained a close and continuous working relationship with the supported organization	(3).		1	
		" -	-	. 	
3	By reason of the relationship described in (2), did the organization's supported organizations have a		. J.,	· .	
	significant voice in the organization's investment policies and in directing the use of the organization's	ļ	, I.	- I	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1.	`	. '	4.
	supported organizations played in this regard	3			
Sec	tion E. Type III Functionally-integrated Supporting Organizations		41		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year)ar (300 ins u	TUC UC	ins)	
a					
b		ont entity (ee	A (75)	in ict	loni
C		an andick (so	V	98	No
2	Activities Test. Answer (a) and (b) below.				
8			· .		; ' ı
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			- 4	;
	those supported organizations and explain how these activities directly furthered their exempt purpos	8S,	G R.	16 J	· ' . '
	how the organization was responsive to those supported organizations, and how the organization determ	ineu	. 1	- 1	
	that these activities constituted substantially all of its activities	2			,
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or m	OLG.		<u>'</u> 1	(")
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI	ti1 0		1	٠,
	reasons for the organization's position that its supported organization(s) would have engaged in these			- · '	,
	activities but for the organization's involvement	21	-	+	
3	Parent of Supported Organizations. Answer (a) and (b) below.	į,			
8		_			1,
	trustees of each of the supported organizations? Provide details in Part VI.	3	R	_	
t,	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of	or each		1	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this reg	erd. 3			محجب

Schedule A (Form 990 or 990-EZ) 2016 The Fathers Foundation Inc.	1-	46-214	10400 Fage 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz	ations	oin in Part VIV Con
1 Check here if the organization satisfied the integral Part Test as a qualifying	Trust	on Nov. 20, 1870 (expl	en Athrough E
instructions. All other Type III non-functionally integrated supporting organi	Zation	8 must complete Section	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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		
Section 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).	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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		
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 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	- 6		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount	\		Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1	· · · · · · · · · · · · · · · · · · ·	
2 Enter 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-functionally	-inten	reted Type III supportin	o organization (see
instructions)	9		
EEA		Sched	lule A (Form 890 or 990-EZ) 2016

	a A (Form 990 or 990 EZ) 2016 The Fathers Foundation I	no. 2) Quancelina O	ations (continued)	10400 rage /
Par		3) Supporting Organia	Ations (commisso)	Current Year
	ion D - Distributions	mat nuraeee		Odirone road
1_	Amounts paid to supported organizations to accomplish exe	t numbers of supported		
	Amounts paid to perform activity that directly furthers exemp	t harboses or subborred		
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	as of supported organization	nns	
	Amounts paid to acquire exempt-use assets	es of supported organization	J. 10	
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			·
	Total annual distributions. Add lines 1 through 6.			
<u>7</u> 8	Distributions to attentive supported organizations to which the	e organization is respons	lve .	
0	(provide details in Part VI) See instructions	10 Organization to respons		1
9	Distributable amount for 2016 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
<u></u>	and amount divided by the samount		(ii)	(111)
8	ection E - Distribution Allocations (see instructions)	(I) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016			
	(reasonable cause required - explain in Part VI). See			
	instructions			
_3	Excess distributions carryover, if any, to 2016			
_ a				
<u>b</u>	and the same of th			
	From 2013			
	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u></u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3l from 3f.			
4	Distributions for 2016 from			1 1 1 1 1 1 1
	Section D, line 7: \$ Applied to underdistributions of prior years			
	Applied to 2016 distributable amount Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2016, if	/		
6	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
	Remaining underdistributions for 2016. Subtract lines 3h			
u	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7				
•	and 4c.			
8				The British State
a				
	Excess from 2013 · · · ·			e fates
	Excess from 2014 · · · ·			1 1 1 1 1 1 1 1
	Excess from 2015			
	Excess from 2016			er letely, specification
			Sche	duls A (Form 990 or 990-EZ) 2015

Schadula a dinom	990 or 990-EZ) 2016	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part	II. line 17a or 17b; Part
Fart VI	Supplemental Monaton, Provide the Capital Advisor Square S	11c Part IV Section
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and	tion 5 lines 15 25 2h
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec	tion E, lines 1C, 28, 20,
	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 instruction	s.)
		
	•	
-		
	•	
EEA		Schedule A (Form 990 or 990-EZ) 2018