Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

2017

Cepartment of the Treasury	
Internal Revenue Service	

Information about Form 990-EZ and its instructions is at www irs gov/form990

-	For the		r year, or tax year beginning	, 2017, and ending		, 20	
8	Check if ap	plicable	C Name of organization		D Employ	er identification r	number
	Address ch	ange	The Fathers Foundation Inc	'	46-	2140400_	
	Name chan	nge	Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telepho	one number	
	hilial return	1					
	Final return	viterminaled	3333 N Illinois Street				
Ō,	Amended r	eturn	City or lown state or province country and ZIP or foreign postal code	02	F Group B	Exemption	
	Application	pending	Indianapolis, IN 46208	$U \cup U \cup U$	Numbe	r 🕨	
G.	Accounti	ing Method	Cash	i H	Check ▶	If the organization	lion is not
1 '	Website	•		1	required to	attach Schedule B	
J ·	Tax-exe	mpt status (d	theck only one) - 🛣 501(c)(3)) 4947(a)(1) or 1 527	(Form 990	990-EZ or 990-PF)
		organization	☐ Corporation ☐ Trust ☐ Association				
L.	Add lines	s 5b 6c and 7	b to line 9 to determine gross receipts. If gross receipts are	\$200 000 or more or if total ass	els		
(Pa	rtil colu	ımn (B) below	are \$500 000 or more, file Form 990 instead of Form 990	-EZ		▶ \$	6,556
P	art¦l .	Revenu	e, Expenses, and Changes in Net Assets o	r Fund Balances (see the	instruction	ns for Part I)	
			he organization used Schedule O to respond to an	n -			\mathbf{k}
	1		, gifts grants, and similar amounts received	1		1	6,556
	2		vice revenue including government fees and contracts			2	
	3	_	dues and assessments			3	
	4	Investment ii				4	
	5a	Gross amou	nt from sale of assets other than inventory	5a			
	Ь		other basis and sales expenses	5b			
) from sale of assets other than inventory (Subtract line 5b	<u> </u>		5c	
	6		fundraising events			Tr (
	1	-	e from gaming (attach Schedule G if greater than			<u>.</u> ,]	
ē		\$15 000)	- 10 3 (-10 1 3 1	6a		· ,	
ē	ь	•	e from fundraising events (not including \$	of contribution:		[
Revenue			sing events reported on line 1) (attach Schedule G if the		_	^ ;	
_	ì		gross income and contributions exceeds \$15,000)	6b		ا مِدَاهُمْ ا	
	c		expenses from gaming and fundraising events	6c		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
			or (loss) from gaming and fundraising events (add lines 6a a	<u> </u>		,	
		line 6c)	. (cost) darinid a i included daring (cost included) 		6d	
	7a	•	of inventory less returns and allowances	7a '		- 5 ,	
		Less cost of	•	7b		11.71	
	1		or (loss) from sales of inventory (Subtract line 7b from line 7	7-1	1	7c	
	* 8		ie (describe in Schedule O)	RECEIVED	1	8	
	9		ue Add lines 1 2, 3, 4, 5c 6d 7c and 8		2} ▶	9	6,556
_	10		imilar amounts paid (liet in Schodulo O)	81 - a ann 10	?	10	
	11		to or for members	MAY 16 2018	21	11	
	12	•	er compensation, and employee benefits	ŭ :	=1	12	
Ses	13		fees and other payments to independent contractors	OGDEN, UI	_]	13	
Expenses	14		rent_utilities, and maintenance	UUULIN		14	3,600
¥.	15		lications, postage, and shipping			15	<u> </u>
ш	16		ses (describe in Schedule O)	1		16	10,600
	17	•	ses Add lines 10 through 16	[•	17	14,200
	18		eficit) for the year (Subtract line 17 from line 9)		- <u> </u>	18	(7,644)
B			r fund balances at beginning of year (from line 27 column (A)) (must agree with		- 77 7	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SSe			igure reported on prior year's return)	. W Arrest adioo min		19	
Net Assets	20	-	es in net assets or fund balances (explain in Schedule O)	1		20	
ž	21	-	r fund balances at end of year. Combine lines 18 through 20	0	•	21	(7,644)
For			on Act Notice, see the separate instructions	-			90-EZ (2017)
EE/				4			, •



Form 990-EZ (2017) The Fathers Foundation	Inc.		46-2	1404	00 Pa
Part II Balance Sheets (see the instructions for Part II)					
Check if the organization used Schedule O to res	pond to any question		<u></u>	• • •	· · · · · · · · · · · · · · · · · · ·
		(A) Be	eginning of year	ļ.,	(B) End of year
22 Cash, savings, and investments		• • • • • •	0_	22	-1644
23 Land and buildings		• • • • • •	0_	23.	<u></u>
24 Other assets (describe in Schedule O)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	0_	24	
25 Total assets	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	0_	25	<i>b</i> 3
26 Total liabilities (describe in Schedule O)		• • • • • • • • • • • • • • • • • • • •	0_	26	PI UI
27 Net assets or fund balances (line 27 of column (B) must agree w			0_	27	21694
Part III Statement of Program Service Accomplishm	•	•		l	Expenses
Check if the organization used Schedule O to re-		n in this Part III	• • • • • • •	(Regu	ired for section
What is the organization's primary exempt purpose? Mentor you	ng men			501(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each				organ	izations, optional for
as measured by expenses in a clear and concise manner, describe the		umber of		others	s)
persons benefited, and other relevant information for each program title				 -	· · · · · · · · · · · · · · · · · · ·
28 Just starting have not achieved our goals	yet	. _			
					
(Crante C	aludas farrias aranta ab			200	
(Grants \$) If this amount inc	cludes foreign grants, ch	eck nere · · · ·	<u>····▶</u> ∐	28a	<u> </u>
	······································			}	}
(Grants \$) If this amount in	oludos foreign grante, ob	ook hom	▶∏	29a	
30	cludes foreign grants, ch	eck nete	••••	23a	
					Ì
					l
(Grants \$) If this amount in	cludes foreign grants, ch	eck bere	▶ 🗍	30a	ļ
	ordes foreign grants, cr			1000	
•	cludes foreign grants, ch		▶ □	31a	}
32 Total program service expenses (add lines 28a through 31a)	·····			32	
Part IV List of Officers, Directors, Trustees, and Key Employ					or Part IV)
Check if the organization used Schedule O to respond to	-				_
	(b) Average	(c) Reportable	(d) Health benefits	T	
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to empl benefit plans, and	ا مارت	(e) Estimated amount of other compensation
	devoted to position	(if not paid, enter -0-)			Caron con ponedaen
Rashad Jones	1				
- ·					
Director	40.00		0		0
Director	40.00	! !		tion	0
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The Fathers Foundation Inc.

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	40400	1
6-21	40400	, 9

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			<u> </u>
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	•••	1	
			Yes	\vdash
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		١.
34	detailed description of each activity in Schedule O	-33	 -	1
54	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	ļ		
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		١.
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	-	 	l-'
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	l	-
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	1	L.
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		 	\vdash
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		:
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			Γ
	duning the year? If "Yes," complete applicable parts of Schedule N	36	1	:
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			Γ
	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			Γ
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter.]	}	
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities]	1	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		}	
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year		ļ	
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	L
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	1		
	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		}	
	40c reimbursed by the organization			1
8	5		-	-
	transaction? If "Yes," complete Form 8886-T	40e	1	L
41	List the states with which a copy of this return is filed			
42 a	Tablian bones		602	_
_	Located at 3333 n Illinois Street, Indianapolis, IN ZIP+4 46208) 	Van	_
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	42b	Yes	1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	420		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		
Ŭ	If "Yes," enter the name of the foreign country	720		_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here	<i>.</i>	>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	1		
			Yes	Τ
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1-	T
	completed instead of Form 990-EZ	44a	-	-
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			T
	completed instead of Form 990-EZ	44b	-	1-
C	Did the organization receive any payments for indoor tanning services during the year?	44c	+	T
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	T
	explanation in Schedule O	44d	1	-
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	T
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			Τ
	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	<u>_</u> _]

EEA

Form 9	990-EZ (201	7) The Fathers Foun	dation Inc.			46-214	0400	Pag
46		organization engage, directly or indirectly, in pidates for public office? If "Yes," complete Sc	• •	s on behalf of or in oppo			46	Yes I
Pai	t∗VI	Section 501(c)(3) organizations of All section 501(c)(3) organizations 50 and 51 Check if the organization used Sch	only must answer quest			ete the tal		ines
47		organization engage in lobbying activities or h	nave a section 501(h) elec	ction in effect during the t	ax			Yes N
48 49a b	Is the o	"Yes," complete Schedule C, Part II rganization a school as described in section 1 organization make any transfers to an exemp was the related organization a section 527 or	ot non-charitable related o	•		,	47 48 49a 49b	7
50	Comple	ete this table for the organization's five highest ees) who each received more than \$100,000	compensated employees	•		•		į
	· · · · · ·	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to emplemental plans, and de compensation	its, ployee (eferred	e) Estimated other com	
NON	€.							
		· · · · · · · · · · · · · · · · · · ·						
51 	Comple	umber of other employees paid over \$100,000 attemption the transfer of the organization's five highes to of compensation from the organization.	t compensated independe		received more that	n		
	(a)	Name and business address of each independent contra	ctor	(b) Type of servi	ce	(c) C	ompensation	
NON	E							
								
d 52		imber of other independent contractors each organization complete Schedule A? Note: A	<u> </u>	▶				
Under		ted Schedule A				knowledge a	Yes nd belief, it	No
Sigi	n	Rashan Jones Signature of officer	ficer) is based on all information of the second of the se	tion of which preparer has a	ny knowledge Date	10/18	-	
Her	е	Rashan Jones, Officer Type or print name and title Print/Type preparer's name	Proposed Arest vo C. A.	Date			PTIN	
Paid Pres	i parer	Martha Orkmon	Preparer's fignature On	MO-N 05-10-2	Check self-en	nployed I	2012235	67
	Only	Firm's address M&M Tax Service Firm's address 3333 N Illinois Indianapolis IN	Street		Phone no		1-0602	
	he IRS d	discuss this return with the preparer shown at					Yes	⊠ No
FFA							Form 996	D-F7 (20

.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2017
Open to Public

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Fathers Foundation Inc. 46-2140400 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. 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). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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). 7 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 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). 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g a ____ 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. 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. 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. d U 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 organization (vi) Amount of (ii) EIN (ili) Type of organization (iv) is the organization (v) Amount of monetary support (see (described on lines 1-10 listed in your governing other support (see instructions) instructions) above (see instructions)) document? No Yes (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below; please complete Part III)

<u>sec</u>	tion A Public Support			ſ			
Caler	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants contributions, and membership fees received (Do not include any "unusual grants")			1	2,543	6,556	9,099
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3				2,543	6,556	9,099
5	The portion of total contributions by	, z/N -		1 3 ye	# 1 L		
	each person (other than a	, ", "	, , , , , , , , , , , , , , , , , , ,	""		ا مُن مُن الله الله الله الله الله الله الله الل	
	governmental unit or publicly	- ⁵		3	- r		
	supported organization) included on	,	- " (. · · · · · · · · · · · · · · · · · ·	1 San 1 San 1	100	7 7 1	
	line 1 that exceeds 2% of the amount	*			[-·· /		
	shown on line 11, column (f)		, , , ,	1 1 2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 2 (1) 28)	7 7 4	
6 Sec	Public support. Subtract line 5 from line 4 tion B. Total Support	12 2 2 2 EV	<u> </u>		<u> </u>	1 t 1 t 1	9,099
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	(4) 2010	- \2) -	(0) = 0.0	2,543	6,556	9,099
8	Gross income from interest, dividends payments received on securities loans rents royalties and income from similar sources			L.	2,343	0,330	
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.)			ıl			
11	Total support Add lines 7 Ihrough 10	- F #	1 No. 2	i local In In	1 "W" (1	- 17 # 1 V	9,099
12	Gross receipts from related activities, etc. (see	ee instructions)				12	
13	First five years If the Form 990 is for the or organization, check this box and stop here			h or fifth tax year a	is a section 501(c)(3	·)	▶ 🏻
	tion C. Computation of Public Su	··	_ -				
14	Public support percentage for 2017 (line 6, c	-))		14	<u>%</u>
15 160	Public support percentage from 2016 Schedu				1/00/	15	%
108	33 1/3% support test - 2017 If the organization qualified box and stop here. The organization qualified				1/3% or more check	inis	. □
h	33 1/3% support test - 2016 If the organization		-		: 23 1/3% or more o	hoek	- 0
~	this box and stop here. The organization qu				s oo ing as of more, t	MECK	▶ □
17a	10%-facts-and-circumstances test - 2017		-		or 16b, and line 14 k	c	٠ ـ
	10% or more, and if the organization meets	~		•			
	Part VI how the organization meets the "facts organization					•	▶ □
b	10%-facts-and-circumstances test - 2016	If the organization	did not check a be	ox on line 13 16a	16b, or 17a, and line)	_
	15 is 10% or more and if the organization m						
	Explain in Part VI how the organization meet						
	supported organization		_		t I		▶ □
18	Private foundation If the organization did r	not check a box on	line 13 16a 16b,	17a, or 17b, check	this box and see		_
	instructions				<u> </u>		<u> </u>

chedule A (F	om 990 or 990-EZ) 2017 The E	athers Four	dation Inc.			46-2140400	/
Part III	Support Schedule for Org	anizations D	escribed in Se			to qualify under	Dort II
	(Complete only if you check If the organization fails to qu						Part II.
Section	A. Public Support		 			/	
alendar	year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 /	(f) Tota
	grants, contributions, and membership fees ed (Do not include any "unusual grants")						
sold o furnisl	receipts from admissions, merchandise or services performed, or facilities and in any activity that is related to the ization's tax-exempt purpose						
	receipts from activities that are not an ted trade or business under section 513 -						
organ	venues levied for the ization's benefit and either paid to ended on its behalf				/		
fumisl	alue of services or facilities ned by a governmental unit to the ization without charge						
6 Total.	Add lines 1 through 5						
	nts included on lines 1, 2, and 3 ed from disqualified persons						
receiv persoi	nts included on lines 2 and 3 ed from other than disqualified as that exceed the greater of \$5,000 of the amount on line 13 for the year						
C Add iii	nes7aand7b · · · · · · · [/			
8 Public	support. (Subtract line 7c from						
Section	B. Total Support						
-	year (or fiscal year beginning in) 🕒 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Tota
9 Amou	nts from line 6 · · · · · · · · · · ·		<u> </u>	ļ	 	<u> </u>	
payme	income from interest, dividends, ents received on secunties loans, rents, es and income from similar sources			/			
section	ated business taxable income (less in 511 taxes) from businesses ed after June 30, 1975						
C Add lir	nes 10a and 10b			<u> </u>		ļ	
activiti	come from unrelated business es not included in line 10b, whether the business is regularly carned on						
loss f	rincome Do not include gain or rom the sale of capital assets ain in Part VI)	_					
	support. (Add lines 9, 10c, 11, 2)						
organ			<u> </u>) 	1
	C. Computation of Public Su	<u> </u>					
5 Public	support percentage for 2017 (line 8, col	_	"			15	
	support percentage from 2016 Schedule		_ #			16	

Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Investment income percentage from 2016 Schedule A, Part III, line 17

17

18

Part IV Cumparti

Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes." provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

art	(V.)		_
		Yes	_
	1		
ł	•		_
	2		_
	3a		_
	3b		_
	3с		
	4a		
	4b	4 7 7	
	4c		
	5a		 -
	5b 5c		L
	6		-
			-
	8		-
			-
	9a		-
	9b		-
	9c		
	10a		
	10b		-

	•			
	ule A (Form 990 or 990-EZ) 2017 The Fathers Foundation Inc. 46-2140 It IV Supporting Organizations (continued)	400		⊃aį
<u> </u>	Gupporting Organizations (continued)		Yes	Т
11	Has the organization accepted a gift or contribution from any of the following persons?		1	t
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	1
•	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
<u>. c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	/ 11c		Γ
Sec	tion B. Type I Supporting Organizations		,	_
			Yes	Ļ
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ŀ	1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	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,	ł	1	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	-	╀
2	Did the organization operate for the benefit of any supported organization other than the supported			1
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	j	1	1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	}	ì	
	supervised, or controlled the supporting organization.	2	-[1
Sec	tion C. Type II Supporting Organizations		Т	Т-
			Yes	Т
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		T	T
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Ì		
	or management of the supporting organization was vested in the same persons that controlled or managed	}	j	
	the supported organization(s).	1		1
Sec	tion D. All Type III Supporting Organizations			
			Yes	1
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	Ì]	1
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			_
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	┷	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	Ì	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	w l	1	1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2]	1
2			1	T
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Ì]	1
	significant voice in the organization's investment policies and in directing the use of the organization's	Ì		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		—	1
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (s	see instru	ction	s)
а	The organization satisfied the Activities Test. Complete line 2 below.			_,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government of	entity (see	ınstru	ct
2	Activities Test Answer (a) and (b) below.		Yes	_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		\top	Τ
	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	ļ	[1
	that these activities constituted substantially all of its activities.	2a		1
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			T
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			Ì
	activities but for the organization's involvement.	2b		1
3	Parent of Supported Organizations. Answer (a) and (b) below.			T
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Ì	1	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ch		T
	of its supported examplations? If "Vee " describe in Part VI the role played by the examination in this regard	3h	1	1

Sched	tule A (Form 990 or 990-EZ) 2017 The Fathers Foundation Inc.		46-21	40400 Pa
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniza		
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization	trust c	on Nov. 20, 1970 (exp	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		<u> </u>
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	T = T		
CO	ellection of gross income or for management, conservation, or			Į.
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year)	1		
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			
fa	actors (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,			
se	e instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	·	
	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion 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		

5

4 Enter greater of line 2 or line 3.5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Amounts paid to supported organizations to accomplish exempt purposes

2	Amounts paid to perform activity that directly furthers exempt purposes of supported			
•	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			

5 Qualified set-aside amounts (prior IRS approval required)

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.

Distributable amount for 2017 from Section C, line 6

10 Line 8 amount divided by Line 9 amount

Section D - Distributions

-10	Line o amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	I		
4	Distributions for 2017 from			
	Section D, line 7: \$	<u> </u>		
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			}
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			<u> </u>
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017]

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization		Employer identification number
The Fathers Foundation Inc.		46-2140400
01. Description of other expenses (Part I, line 1	6)	
Description A	mount	
transportation	2 600	
transportation	2,600	
feeding program	8,000	
	·	
	•	
		
		
		·