Taxpayer Copy TIN: 83-1803673 OMB No. 1545-0047

Form **990** Department of the Treasury Internal Revenue Service

**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

▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

A F	or th	e 2023	calendar year, or tax year beginni	ing 01-01-2023 and ending	12-31-2	0023				
		pplicable:	C Name of organization	ing 01-01-2025 , and ending	12-31-2		Employer i	identifi	cation number	
		change	FATHERS CLUB INC				 33-180367			
○ Name change ○ Initial return ○ Final return/terminate			Daine hasiness as				33-160307	/3		
_			Doing business as							
		d return	Number and street (or P.O. box if mail	is not delivered to street address) Ro	oom/suite	E	Telephone n	umber		
ОАр	olicati	on pendin	PO BOX 23303			(	(913) 620	-2154		
			City or town, state or province, country OVERLAND PARK, KS 66883	y, and ZIP or foreign postal code						
			· ·				Gross receip		8,696	
			<b>F</b> Name and address of principal of Brad Holdhusen	officer:		<b>I(a)</b> Is this a g	•	n for		
			PO Box 20303 Overland Park, KS 66883		١,	subordinat ( <b>b)</b> Are all sub			UYes ✓ No	
<b>T</b> Tax	-exer	npt status	·			included?			☐ Yes ☐No	
			<b>○</b> 501(c)(3) □ 501(c)( ) <b>¬</b> (ins	ert no.)		If "No," at I(c) Group exe			nstructions.	
J W	ebsii	te:▶ ht	tps://fathersclub.org/			·(•) Group exe	прион по	iiiibei		
<b>K</b> Form	n of o	rganizatio	n: 🗸 Corporation 🗌 Trust 🗎 Associa	ation Other ►	L	Year of formation:	2019 <b>M</b>	State o	of legal domicile: KS	
	ort I	Cun	mman/							
Pa	rt   1		<b>nmary</b> escribe the organization's mission or r	most significant activities:						
æ		See Sche								
anc										
Ë										
Activities & Governance			his box $\blacktriangleright \Box$ if the organization disco				s net asse			
			of voting members of the governing	, , , ,				3	9	
es	4		of independent voting members of the		-			5	9	
Activiti	5 6		imber of individuals employed in caler imber of volunteers (estimate if neces					6	1,500	
			irelated business revenue from Part V					7a	6,522	
			elated business taxable income from			7b	0,322			
		TTCC GIII	ciated business taxable income from	Tomi 330 i, raici, inic 11		Prior Ye	ear	1 1	Current Year	
_	8	Contribu	utions and grants (Part VIII, line 1h)				83,983	<del>                                     </del>	201,910	
릞			n service revenue (Part VIII, line 2g)				35,376	<del>                                     </del>	0	
Revenue		-	nent income (Part VIII, column (A), line				. 0	<del>                                     </del>	0	
æ			evenue (Part VIII, column (A), lines 5,	· · ·			0	)	10,198	
	12	Total re	venue—add lines 8 through 11 (must	equal Part VIII, column (A), line 1	12)		119,359	)	212,108	
	13	Grants a	and similar amounts paid (Part IX, col	umn (A), lines 1-3 )			1,000	)	93,091	
	14	Benefits	s paid to or for members (Part IX, colu	ımn (A), line 4)			0		0	
88	15	Salaries	, other compensation, employee bene	efits (Part IX, column (A), lines 5-	-10)		0	)	0	
Expenses	16a	Profess	ional fundraising fees (Part IX, columr	n (A), line 11e)	•		0	)	0	
χĎ			draising expenses (Part IX, column (D), line		_					
ш			xpenses (Part IX, column (A), lines 11		88,345	<del>                                     </del>	92,091			
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)						89,345	1	185,182	
. 0	19	Revenue	e less expenses. Subtract line 18 from	n line 12	•	Basinning of Cu	30,014	-	26,926	
Net Assets or Fund Balances						Beginning of Cu	птень теаг		End of Year	
sse 3ala	20	Total as	sets (Part X, line 16)				142,493		166,727	
M A	21	1 Total liabilities (Part X, line 26)							0	
žĨ	23	Net asse	ets or fund balances. Subtract line 21		139,801		166,727			
_	rt II		nature Block							
			perjury, I declare that I have examine ief, it is true, correct, and complete. I							
any k	nowl	T								
		**** Sign	*** ature of officer			2024-10 Date	)-28			
Sign Here										
	'		n Easterday Treasurer e or print name and title							
		1,	Print/Type preparer's name	Preparer's signature	Date		PTI	N		
Paid	ł					Check L self-empl	⊢ if			
Pre		er	Firm's name			Firm's EI				
Use			Firm's address			Phone no	).		_	
			<del>-</del>			I Hone He				
		) C -!:	and the transfer of the transf	a have 2 Car I i i i ii				<u> </u>		
			s this return with the preparer shown eduction Act Notice, see the separ		• •	C-1 N- 1122		∪ <b>Y</b> (	es	
. J. P	apei	WOIK K	cauction Act Notice, see the sepai	ישנט וווסנו שכנוטווס.		Cat. No. 11282	∠ <b>1</b>		Form <b>990</b> (2023)	

Form	990 (2	2023)					Page	e <b>2</b>			
Pa	rt III	Statement of	Program Serv	ice Accomplish	nments						
		Check if Schedule	e O contains a res	sponse or note to a	ny line in this Part III						
1	Briefl	y describe the orga	nization's missior	1:							
		b originated in 201 the Kansas City (M				ts on 30 high school and mi	ddle school campuses (and				
2					ices during the year	which were not listed on					
		rior Form 990 or 99					. 🗆 Yes 🛂 No				
_		s," describe these i									
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
		services?									
	If "Ye	s," describe these	changes on Scheo	dule O.							
4	Section		$01(\dot{c})(4)$ organiza	tions are required		e largest program services, t of grants and allocations to	as measured by expenses. o others, the total expenses,				
4a	(Cod	e:	) (Expenses \$	46,408	including grants of \$	3,073 ) (Revenu	ie \$ 45,000 )				
	mem enco	ber campuses. These i	nclude free food and h greetings and hug	d fellowship during fin s. The student enrolln	als week, homecoming v	veek or other special events. Da	in a variety of schools throughout the ds show up to distribute the food and s in excess of 50,000 and the majority				
4b	(Cod	e:	) (Expenses \$	43,610	including grants of \$	) (Revenu	ne \$ 35,000 )	—			
	teach majo	ners and other school s	taff, student's parer	nts and supporters. Ev	ents included sporting e	vent tailgates and promotional e	t celebrated, recognized and thanked events. It is estimated that a large either directly or indirectly, in these				
4c	(Cod	e:	) (Expenses \$	41,353	including grants of \$	) (Revenu	re \$ 25,000 )	—			
	welln	ess (including for stud	ents and adults), te	en suicide awareness	and prevention and gen		l electronic devices; mental health and n issues that students and their parent id associated events.				
4d	Othe	er program services	(Describe in Sch	edule O )				—			
Tu		enses \$	•	including grants of	\$	) (Revenue \$	107,108)				
4e	Tota	al program servic	e expenses 🕨	185,1	82	:	-	—			

Form **990** (2023)

Pai	TIV 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)? <i>If "Yes," complete Schedule A</i>	1	Yes		
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2	Yes		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No	
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No	
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		No	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No	
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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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		No	
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		No	
	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		No	
	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		No	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No	
	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		No	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No	
	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		No	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," complete Schedule F, Parts II and IV	15		No	
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No	
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		No	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	201			

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 . . . . . . . .

Form **990** (2023)

21

No

Form 990	(2023)
Part IV	Checklist of Required Schedules (continued)

	Checklist of Required Schedules (continued)		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	res	No				
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? <i>If "Yes," complete Schedule J</i>	23		No				
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 Schedule K. If "No," go to line 25a	24a		No				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c						
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No				
b	<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>							
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II							
27								
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 "Yes,"</i> complete Schedule L, Part IV	28a		No				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No				
С	c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M							
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No				
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No				
b	<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2							
36								
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O							
Par								
	Check if Schedule O contains a response or note to any line in this Part V							
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   0		Yes	No				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c						
			orm <b>99</b>	<b>0</b> (2023				

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
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					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No			
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 Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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 services provided to the payor?	7a	No			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No			
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No			
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No			
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	No			
9	Sponsoring organizations maintaining donor advised funds.	0-	N1-			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b	No			
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	90	No			
	Initiation fees and capital contributions included on Part VIII, line 12					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b					
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders					
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)					
	Continue (OCT/C) (A) and a continue to the late to the continue to the continue of the continu	42-				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12a				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?	13a				
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					
С	Enter the amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No			
b	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16				
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? .  If "Yes," complete Form 6069.	17				
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Form 990 (2023) Page **6** 

**Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to ines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI **✓** Section 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 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 in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 1b 2 No Did the organization delegate control over management duties customarily performed by or under the direct supervision No of officers, directors or trustees, or key employees to a management company or other person? ...  $\ \, \text{Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?} \, \, \textbf{.}$ 4 No 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 No Did the organization have members or stockholders? . . . . . . . . . . . . . . . . 6 No 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7a No 7b No Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Yes 8b No 9 No Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? . 10a No If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the 11a Yes **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 No Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on 12c 13 No 13 Did the organization have a written document retention and destruction policy? . . . . . . 14 No 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official . . No 15b No 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 16a No 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 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Own website ☐ Another's website ✓ Upon request ☐ Other (explain in Schedule O)

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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:

  Dan Holdhusen 11456 S Waterford Dr Olathe, KS 66061 (913) 620-2154

Form 990 (2023)	Page

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

## 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

- 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, box 6 of 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, or 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.

(A)	/D\			(0)				(D)	/E\	(E)
<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	·				unless office ustee	er )	(D) Reportable compensation from the organization (W-2/1099-	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	related organizations
1) Brad Holdhusen	15.00	x		Х				0	0	
resident	0.00			^				O	0	'
2) Kevin Easterday	15.00			,,						
reasurer	0.00	X		Х				0	0	
3) Jeff Johnson	7.00									
ecretary	0.00	X		Х				0	0	
4) Mike Davisson	15.00								0	
irector	0.00	X						0	0	
5) Tom Herzog	7.00							0	0	
irector	0.00	X						Ü	0	
5) John Hinman	5.00							0	0	
irector	0.00	X						0	0	
7) Todd Milner	10.00								0	
irector	0.00	X						0	0	
B) Mike Rothwell	7.00	Х						0	0	
irector	0.00							Ü	U	
9) Darren Wolff	5.00									
irector	0.00	X						0	0	

Form 990 (2023) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (**D**) Reportable **(E)** Reportable (A) Name and title **(B)** Average **(C)** Position (do not check more **(F)** Estimated hours per than one box, unless person compensation compensation amount of other from related organizations (Wweek (list is both an officer and a from the compensation organization (Wany hours for director/trustee) from the 2/1099-MISC/1099-NEC) 2/1099-MISC/1099-NEC) related organization and Officer Highest compensated employee Former Individual trustee or director related organizations Institutional below dotted organizations employee line) Trustee 1b Sub-Total . Þ c Total from continuation sheets to Part VII, Section A . ۰ 0 d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 No Yes 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . 3 No For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such 4 4 No Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for 5 No

Section	В.	Independent	Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation				
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0						

Form **990** (2023)

Part VIII **Statement of Revenue** Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) (A) Revenue excluded from Total revenue exempt business tax under sections 512 - 514 function revenue revenue Contributions, gifts, grants, and other similar amounts 1a Federated campaigns . 0 1a 0 **b** Membership dues . 1b  $\boldsymbol{c} \;$  Fundraising events . **1c** d Related organizations 1d 0 e Government grants (contributions) 1e 0 **f** All other contributions, gifts, grants, and similar amounts not included 201,910 above g Noncash contributions included in lines 1a - 1f:\$ 1g **h Total.** Add lines 1a-1f . . . 201,910 Business Code 2a Program Service Revenue  ${f f}$  All other program service revenue. **9 Total.** Add lines 2a-2f. . . . . 3 Investment income (including dividends, interest, and other 0 4 Income from investment of tax-exempt bond proceeds 0 0 0 **5** Royalties . (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses Rental income 6c or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7a Gross amount 7a from sales of assets other than inventory Other Revenue **b** Less: cost or other basis and 7b sales expenses c Gain or (loss) **d** Net gain or (loss) . 0 8a Gross income from fundraising events 26,5<u>00</u> of (not including \$ contributions reported on line 1c). See Part IV, line 18 . . 43,110 8a 36,588 **b** Less: direct expenses . 8b c Net income or (loss) from fundraising events . 6,522 6,522 9a Gross income from gaming activities. See Part IV, line 19 . n 9a 9b 0 **b** Less: direct expenses . .  $\boldsymbol{c}$  Net income or (loss) from gaming activities **10a**Gross sales of inventory, less returns and allowances . 10a 0 0  ${f b}$  Less: cost of goods sold . 10b c Net income or (loss) from sales of inventory Business Code 11a 3,676 3,676 Other Revenue d All other revenue e Total. Add lines 11a-11d . 3,676 **12 Total revenue.** See instructions . . . . 212,108 3,676 6,522

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX							
	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	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	93,091	93,091				
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						
4	Benefits paid to or for members						
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0		0		
7	Other salaries and wages	0	0		0		
	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0		0		
9	Other employee benefits	0	0		0		
	Payroll taxes	0	0		0		
	Fees for services (non-employees):						
a	Management						
	Legal						
	Accounting	22,435	16,826	5,609	0		
	ILobbying	0	0		0		
	Professional fundraising services. See Part IV, line 17		0	-			
	Investment management fees	0	0		0		
	(A) amount, list line 11g expenses on Schedule O)	-	14.970		0		
	Advertising and promotion	14,870 3,484	14,870	3,484	0		
	Office expenses	24,503	18,377	6,126	0		
	Information technology	24,303	0	0,120	0		
	Occupancy	0	0		0		
	Travel	0	0		0		
	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0		0		
19	Conferences, conventions, and meetings	5,068	5,068		0		
	Interest	0	0		0		
21	Payments to affiliates	0	0		0		
22	Depreciation, depletion, and amortization	0	0		0		
23	Insurance	0	0		0		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
	a				_		
	b						
	с						
	d	0			0		
	e All other expenses	21,731	10,866	10,865	0		
25	<b>Total functional expenses.</b> Add lines 1 through 24e	185,182	159,098	26,084	0		
26	<b>Joint costs.</b> 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).						

Form 990 (2023) Page **11** 

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to any	/ IIIIe III UIIS PAILA	(A) Beginning of year	<u></u>	(B) End of year
	1	Cash-non-interest-bearing			142,493	1	166,727
	2	Savings and temporary cash investments			0	2	0
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs- controlled entity or family member of any of the	tantial d	contributor, or 35%	0	5	0
	6	Loans and other receivables from other disqualit section $4958(f)(1)$ ), and persons described in se			0	6	0
s	7	Notes and loans receivable, net			0	7	0
et	8	Inventories for sale or use			0	8	0
Assets	9	Prepaid expenses and deferred charges			0	9	0
•	10a		10a	0			
	ь	Less: accumulated depreciation	10b	0	0	10c	0
	11	Investments—publicly traded securities .			0	11	0
	12	Investments—other securities. See Part IV, line	11 .		0	12	0
	13	Investments—program-related. See Part IV, line		<u> </u>	0	13	
	14	Intangible assets	0	14			
	15	Other assets. See Part IV, line 11	0	15	0		
	16	Total assets. Add lines 1 through 15 (must equ		<u> </u>	142,493	16	166,727
	17	Accounts payable and accrued expenses			2,692	17	0
	18	Grants payable	0	18	0		
	19	Deferred revenue	0	19	0		
	20	Tax-exempt bond liabilities		0	20	0	
60	21	Escrow or custodial account liability. Complete P	0	21	0		
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons .	r 35% controlled entity	0	22	0	
Ë	23	Secured mortgages and notes payable to unrela	ted thir	d parties	0	23	0
	24	Unsecured notes and loans payable to unrelated		· —	0	24	0
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D	<u> </u>	0	25	0	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .			2,692	26	0
<b>Fund Balances</b>		Organizations that follow FASB ASC 958, ch complete lines 27, 28, 32, and 33.	neck he	ere 🕨 🔽 and	400.004		400
ala	27	Net assets without donor restrictions	• •		139,801	27	166,727
d E	28	Net assets with donor restrictions			0	28	0
Fun		Organizations that do not follow FASB ASC complete lines 29 through 33.		heck here 🕨 🗌 and			
or.	29	Capital stock or trust principal, or current funds			0	29	
Assets	30	Paid-in or capital surplus, or land, building or eq		<u> </u>	0	30	1
455	31	Retained earnings, endowment, accumulated inc	come, o	r other funds	0	31	
Net /	32	Total net assets or fund balances	•		139,801	32	166,727
Ž	33	Total liabilities and net assets/fund balances .			142,493	33	166,727

Form **990** (2023)

Page **12** 

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			212,108
2	Total expenses (must equal Part IX, column (A), line 25)	2			185,182
3	Revenue less expenses. Subtract line 2 from line 1	3			26,926
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			139,801
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 in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			166,727
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:	ļ			İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	ļ			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:	n a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ļ			
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate to consolidated basis, or both:	oasis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ļ			
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 in Sched	lule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uni Guidance, 2 C.F.R. Part 200, Subpart F?	iform	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red	3b		
			F	orm <b>99</b>	<b>0</b> (2023)

## **Taxpayer Copy**

Name of the organization

## **SCHEDULE A** (Form 990)

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

TIN: 83-1803673 OMB No. 1545-0047

**Open to Public** Inspection

Employer identification number

FATHE	RS CLU	IB INC					83-1803673				
Pa	rt I	Reason for Public	Charity Stat	us (All organization	s must comple	te this part.) S					
The o	rganiz	ation is not a private four	ndation because	e it is: (For lines 1 thro	ough 12, check o	nly one box.)					
1		A church, convention of	churches, or as	sociation of churches	described in <b>sec</b>	tion 170(b)(1)	(A)(i).				
2		A school described in se	ection 170(b)(	1)(A)(ii). (Attach Sch	nedule E (Form 9	90).)					
3		A hospital or a cooperat	ive hospital ser	vice organization desc	ribed in <b>section</b>	170(b)(1)(A)(	iii).				
4		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)									
6		A federal, state, or local	government or	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	ı)(v).				
7	<b>✓</b>	An organization that no section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	I public described in			
8		A community trust desc	ribed in <b>sectio</b>	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9		An agricultural research non-land grant college of	organization de of agriculture. S	escribed in <b>170(b)(1)</b> ee instructions. Enter	(A)(ix) operate the name, city, a	d in conjunction and state of the c	with a land-grant collections of the college or university:	ege or university or a			
10		An organization that no from activities related to investment income and 30, 1975. See <b>section</b>	o its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its su	pport from gross			
11		An organization organiz	ed and operated	d exclusively to test fo	r public safety. S	ee <b>section 509</b>	(a)(4).				
12		An organization organiz more publicly supported on lines 12a through 12	l organizations (	described in <b>section 5</b>	<b>609(a)(1)</b> or <b>se</b>	ction 509(a)(2)	). See section 509(a				
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo							
b		Type II. A supporting of management of the sup must complete Part I	porting organiz	ation vested in the sar							
С		Type III functionally supported organization(						ted with, its			
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satis	fy a distribution	requirement and					
e		Check this box if the org				RS that it is a Ty	pe I, Type II, Type III	functionally			
f	Enter	integrated, or Type III r the number of supported	,	3 11 3	_		0				
g		de the following informat					<u> </u>				
			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
			1								
Tota	l \	0			C-+ N- 1120	F.F.	0	0			

	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	d below, please	complete Part I	II.)	
	ection A. Public Support				T	T	
	lendar year	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	r <b>fiscal year beginning in)</b> Gifts, grants, contributions, and	. ,			. ,	. ,	
•	membership fees received. (Do not include any "unusual grant.")	99,270	33,710	73,448	83,983	102,884	393,295
2	Tax revenues levied for the						
	organization's benefit and either paid						
3	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	99,270	33,710	73,448	83,983	102,884	393,295
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)						
6	<b>Public support.</b> Subtract line 5 from line 4.						393,295
	ection B. Total Support						
	lendar year	(a) 2019	<b>(b)</b> 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
(OI	r fiscal year beginning in) 🕨	` '	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	99,270	33,710	73,448	83,983	102,884	393,295
8	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	<b>Total support.</b> Add lines 7 through 10						393,295
12		etc. (see instruction	ons)			12	67,189
13	First 5 years. If the Form 990 is for t	he organization's f	first, second, third	. fourth, or fifth ta	ax vear as a sectio	on 501(c)(3) organ	ization, check
	this box and <b>stop here</b>	_			•	( ) ( )	,
_	ection C. Computation of Public				<u> </u>		
	Public support percentage for 2023 (lin			column (f))		144	100.000.00
14				. , ,		14	100.000 %
	Public support percentage for 2022 Sci					15	0 %
16a	33 1/3% support test—2023. If the						_
ь	and <b>stop here.</b> The organization quali  33 1/3% support test—2022. If the						.. <b>▶ ✓</b> k this
	box and <b>stop here.</b> The organization	qualifies as a pub	licly supported or	nanization			•
<b>17</b> a	10%-facts-and-circumstances test and if the organization meets the "fact	-2023. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14 is 10	% or more,
	meets the "facts-and-circumstances" t	est. The organizat	ion qualifies as a	publicly supported	l organization		▶□
b		t-2022. If the or	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supporte	d organization		▶□
18	<b>Private foundation.</b> If the organization						
	in at moration a						<b>■</b>

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

Schedule A (Form 990) 2023 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . The value of services or facilities furnished by a governmental unit to the organization without charge **Total.** Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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. c Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total (or fiscal year beginning in) Amounts from line 6. . Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources. . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. C Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on. Other income. Do not include gain

	or loss from the sale of capital assets (Explain in Part VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.).							
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3	) orga	nization, check
	this box and <b>stop here</b>						<u></u>	▶□
Se	ection C. Computation of Public	Support Perce	entage					
15	Public support percentage for 2023 (lin	ne 8, column (f) d	ivided by line 13,	column (f))		15		
16	Public support percentage from 2022 S	Schedule A, Part I	II, line 15			16		
Se	ction D. Computation of Invest	ment Income	Percentage					
17	Investment income percentage for 20	23 (line 10c, colu	mn (f) divided by	line 13, column (f	"))	17		
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17 .			18		
19a	<b>33</b> 1/3% support tests-2023. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than	33 <sub>1/3</sub> %, a	nd line	e 17 is not
b	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
	not more than 33 1/3%, check this box	and <b>stop here.</b>	The organization of	qualifies as a publi	cly supported orga	anization .		. ▶□
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	19a, or 19b, check	this box and see	instructions		▶□
				•	•	Schedul	e A (F	Form 990) 2023

### **Supporting Organizations**

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

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
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 <b>Part VI</b> when and how the organization made the determination.	Ja		
	determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		<del></del>
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 <b>Part VI</b> .	6		
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).	7		
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).	8		
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 <b>Part VI</b> .	9a		
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 <b>Part VI</b> .	9b		
С	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 <b>Part VI</b> .	9c		
.0a	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).	10a 10b		
	Schedule A		990)	2023

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а				
	governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
С		11c		
	VI.			
	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the trustees.		les	NO
	applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit			
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the			
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
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 <b>Part VI</b> how the			
	organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
	ection 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 instruction)	ons):		
	The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
	<b>b</b> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
	c The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see	inctru	ctions)	
	The organization supported a governmental entity. Describe in <b>Fait VI</b> now you supported a government entity (see	ii isti u	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a 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 <b>Part VI identify those supported organizations and explain</b> 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		165	140

supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted		
substantially all of its activities.	2a	
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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the		
organization's involvement.	2b	
Parent of Supported Organizations. Answer lines 3a and 3b below.		
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 <b>Part VI.</b>	3a	
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 <b>Part VI.</b> the role played by the organization in this regard.	3b	

b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section 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		
	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		
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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
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		
	Section C - Distributable Amount			Current Year
1	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	<b>Distributable Amount.</b> 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-in instructions)	ntegra	ted Type III supporting o	rganization (see

Schedule A (Form 990) 2023				Page <b>7</b>
Part V Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organizations	(continue	d)
Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	exempt purposes	1		
2 Amounts paid to perform activity that directly furthers corganizations, in excess of income from activity	exempt purposes of supported	2		
Administrative expenses paid to accomplish exempt pur	poses of supported organization	ons 3		
4 Amounts paid to acquire exempt-use assets		4		
5 Qualified set-aside amounts (prior IRS approval require	d - provide details in <b>Part VI</b> )	5		
6 Other distributions (describe in <b>Part VI</b> ). See instructio	ns	6		
<b>7 Total annual distributions.</b> Add lines 1 through 6.		7		
<b>8</b> Distributions to attentive supported organizations to whe details in <b>Part VI</b> ). See instructions	ich the organization is respons	sive ( <i>provide</i> 8		
<b>9</b> Distributable amount for 2023 from Section C, line 6		9		
10 Line 8 amount divided by Line 9 amount		10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribu Pre-2023		(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required explain in <b>Part VI</b> ). See instructions.				
<b>3</b> Excess distributions carryover, if any, to 2023:				
<b>a</b> From 2017				
<b>b</b> From 2018				
<b>c</b> From 2019				
<b>d</b> From 2021				
e From 2022				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2023 distributable amount				
<ul> <li>Carryover from 2017 not applied (see instructions)</li> </ul>				
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
<b>4</b> Distributions for 2023 from Section D, line 7:				
\$ Applied to underdictributions of prior years				
<ul><li>a Applied to underdistributions of prior years</li><li>b Applied to 2023 distributable amount</li></ul>				
c Remainder. Subtract lines 4a and 4b from line 4.				
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.				
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.				
<b>7 Excess distributions carryover to 2024.</b> Add lines 3j and 4c.				
8 Breakdown of line 7:				
a Excess from 2018				
<b>b</b> Excess from 2019				
c Excess from 2021.				

d Excess from 2022.e Excess from 2023.

Schedule A (Form 990) 2023

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2023

## Taxpayer Copy TIN: 83-1803673 OMB No. 1545-0047 Schedule B **Schedule of Contributors** (Form 990) Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization FATHERS CLUB INC 83-1803673 Organization type (check one): Section: Filers of: Form 990 or 990-EZ ✓ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules**

under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FATHERS CLUB INC

**Employer identification number** 83-1803673

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Contributors (a) (b) (c) (d) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Hodgdon Family Charitable Fund 1 CO The Signatry Foundation **Payroll** 7171 W 95th St - 501 \$ 13,600 Noncash Overland Park, KS 66212 (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Dehaemers Family Charitable Fund 2 CO Commerce Trust Co **Payroll** PO Box 413617 \$ 10,000 Noncash Kansas City, MO 641413617 (Complete Part II for noncash contributions.) (c) Total contributions (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 Global Earthworks & Underground LLC Person 1215 W 12th St **Payroll** Suite 250 \$ 10,000 Noncash Kansas City, MO 64101 (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Νo. Name, address, and ZIP + 4 Type of contribution Lockton Person 4 444 W 44th St **Payroll** Suite 900 \$ 10,000 Noncash Kansas City, MO 641121906 (Complete Part II for noncash contributions.) (c) (a) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. Person Invest in Others 5 10 Stevens St **Payroll** No 237 \$ 5,000 Noncash Andover, MA 01810 (Complete Part II for noncash contributions.) (b) (d) (a) (c) Νό. Name, address, and ZIP + 4 Total contributions Type of contribution Person Kathy Wallace 6 3902 W 141st Dr **Payroll** \$ 5,000 Noncash **/** Leawood, KS 66224 (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization **Employer identification number** FATHERS CLUB INC 83-1803673 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) (d) Date received (b) No. from FMV (or estimate) Description of noncash property given Part I (See instructions) Donation of wine club service for charity auction \$ 5,000 2023-09-01 (a) (c) (d) Date received (b) No. from FMV (or estimate) Description of noncash property given Part I (See instructions) (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given Date received Part I (See instructions) (c) FMV (or estimate) (a) (b) Description of noncash property given (d) Date received No. from Part I (See instructions) (a) (c) (b) (d) FMV (or estimate) No. from Description of noncash property given Date received Part I (See instructions) (a) (c) (b) (d) No. from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions)

Schedule B (Form 990) (2023)

Schedule B (	Form 990	(2023)
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Name of or FATHERS C	rganization		Employer identification number
TAITILKS C	LLOB INC		83-1803673
Part III	than \$1,000 for the year from any one cont	ributor. Complete columns (a) through total of exclusively religious, charital tructions.)   *	n section 501(c)(7), (8), or (10) that total more n (e) and the following line entry. For ole, etc., contributions of \$1,000 or less for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-	Transferee's name, address, and 2	(e) Transfer of gift	onship of transferor to transferee
-	- Transieree 3 name, address, and 2	- Telauc	manipor transferor to transferee
(a)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, and 2	(e) Transfer of gift ZIP 4 Relation	onship of transferor to transferee
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Schedule B (Form 990) (2023)

Taxpayer Copy

Department of the Treasury

Internal Revenue Service

SCHEDULE G (Form 990) Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

**TIN: 83-1803673**OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization FATHERS CLUB INC						Employer identification number			
	IERS CLOB INC						83-1803673		
Pa	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
а	a Mail solicitations e Solicitation of non-government grants								
b	☐ Internet and email sol	licitations			f Solicitation of go	overnment g	yrants		
c	Phone solicitations				<b>g</b> Special fundrais	ing events			
d	☐ In-person solicitations								
2a b	or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Ves No								
(	(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Amount paid to (or retained by) fundraiser listed in col. (i)								
			Yes	No					
Tota	1			▶					
	List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								

		(a)Event #1 Charity Golf	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))	
		Tournament (event type)	(event type)	(total number)	con (e)	
Revenue						
	1 Gross receipts	69,610			69,610	
	<b>2</b> Less: Contributions	26,500			26,500	
	<b>3</b> Gross income (line 1 minus line 2)	43,110	0		0 43,110	
	4 Cash prizes	0			C	
SS	5 Noncash prizes	0			C	
ense	<b>6</b> Rent/facility costs	15,800			15,800	
Direct Expenses	<b>7</b> Food and beverages	9,277			9,277	
tg g	8 Entertainment	0			(	
ă	<b>9</b> Other direct expenses	11,511			11,511	
	10 Direct expense summary. Add lines 4 t		36,588			
				E.		
	<b>11</b> Net income summary. Subtract line 10	from line 3, column (d)		•	6,522	
	t III Gaming. Complete if the orga		s" on Form 990, Part I	V, line 19, or reported	<u> </u>	
Par	<u> </u>		s" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo	V, line 19, or reported (c) Other gaming	I more than \$15,000	
	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		I more than \$15,000  (d) Total gaming (add col	
Revenue	t III Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		I more than \$15,000  (d) Total gaming (add col	
nses Revenue	t III Gaming. Complete if the orga on Form 990-EZ, line 6a.	anization answered "Ye	(b) Pull tabs/Instant		I more than \$15,000  (d) Total gaming (add col	
nses Revenue	t III Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		I more than \$15,000  (d) Total gaming (add col	
nses Revenue	1 Gross revenue	anization answered "Ye	(b) Pull tabs/Instant		I more than \$15,000  (d) Total gaming (add col	
Revenue	1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	I more than \$15,000  (d) Total gaming (add col	
Direct Expenses Revenue	1 Gross revenue  2 Cash prizes  3 Noncash prizes	anization answered "Ye	(b) Pull tabs/Instant		I more than \$15,000  (d) Total gaming (add col	
Direct Expenses Revenue	1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	I more than \$15,000  (d) Total gaming (add col	
Direct Expenses Revenue	1 Gross revenue  2 Cash prizes  3 Noncash prizes	(a) Bingo  Yes %  No	(b) Pull tabs/Instant bingo/progressive bingo  Yes %	(c) Other gaming	I more than \$15,000  (d) Total gaming (add col	
Direct Expenses Revenue	1 Gross revenue  2 Cash prizes	(a) Bingo  Yes %  No  hrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No	(c) Other gaming  Yes %  No	I more than \$15,000  (d) Total gaming (add col	
Direct Expenses Revenue	1 Gross revenue	(a) Bingo  Yes %  No  hrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes	(c) Other gaming  Yes %  No	(d) Total gaming (add col (a) through col.(c))  Yes No	
Direct Expenses Revenue	1 Gross revenue	(a) Bingo  Yes%  No  hrough 5 in column (d) t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  Yes % No No ties: these states?	(c) Other gaming  Yes %  No	(d) Total gaming (add col.(a) through col.(c))  Yes No	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Sche	dule G (Form 990) 2023					Pa	age <b>3</b>
11	Does the organization conduct gaming	g activities with nonmembers?	?		Yes	□No	
12	Is the organization a grantor, benefici- formed to administer charitable gamir		member of a partnership or other	entity	Yes	□No	
13	Indicate the percentage of gaming ac	tivity conducted in:			∪ res		
а	The organization's facility			13a			%
b	An outside facility			13b			%
14	Enter the name and address of the pe	erson who prepares the organi	ization's gaming/special events b	ooks and records:			
	Name Name						
	Address						
15a	Does the organization have a contract revenue?	t with a third party from whon	n the organization receives gamir 	•	☐ Yes	□No	
b	If "Yes," enter the amount of gaming amount of gaming revenue retained b						
С	If "Yes," enter name and address of the	ne third party:					
	Name •						
	Address						
16	Gaming manager information:						
	Name Name						
	Gaming manager compensation ► \$						
	Description of services provided						
	☐ Director/officer	Employee	☐ Independent contra	actor			
17	Mandatory distributions:						
а	Is the organization required under staretain the state gaming license? .			eds to	☐ Yes	□ Na	
b	Enter the amount of distributions requ	uired under state law distribut	ed to other exempt organizations	s or spent	∪ res	∪ NO	
_	in the organization's own exempt acti						
Par			ons required by Part I, line 2b cable. Also provide any additi				
	Return Reference		Explanation				
				Schedule G (Fo	orm 990) 20	023	

Taxpayer Copy

**SCHEDULE 0** (Form 990)

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 <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

OMB No. 1545-0047

TIN: 83-1803673

Open to Public Inspection

Name of the organization FATHERS CLUB INC

Employer identification number

83-1803673

Return Reference	Explanation
Part 1, Line 1	Primary Exempt Purpose The Father's Club is a dad-led, grassroots effort creating simple ways for dads to be intentional with their KIDS, with other DADS and within their COMMUNITY. With resolve, humility, and love, our mission is to be a catalyst for positive influence around the world. ***** The Father's Club originatede in 2019 with the singular purpose of origanizing dads of students on thirty high school and middle school campuses (and growing!) in the Kansas City (MO and KS) metro area. There are currently approximately 1,500 dads formally involved with Fathers Club, and the number of active fathers is growing each year. The Mission Statement of the organization is: The Fathers Club is a dad-led, grassroots effort creating simple ways for dads to be intentional with their KIDS, with other DADS and within their COMMUNITY. With resolve, humility, and love, our mission is to be a catalyst for positive influence around the world. The fathers who are part of the organization have a passion to provide support, encouragement, and education to principal, teachers, parents, and, particularly, students across the Kansas City metro area (both Kansas and Missouri). Collectively, the 30+ (and constantly growing) number of campuses have far in excess of 50,000 students. Schools consist of Middle Schools and High Schools across the KC footprint. The Fathers Club raises money from a variety of sources who are supportive of the Fathers Club mission and work. A major source of fundraising comes from a sponsored charity golf tournament called the Mission Cup. Its been said that the Fathers Club is a whole bunch of carring and considerate dads who have a passion to make a difference in the lives of kids, parents and in the community by showing up and feeding into the lives of the kids doing what dads should do! In 2023, The Father's Club provided public information on teenage and adult mental health and wellness, innumerable sessions to educate parents in sessions with our community partner Screen Sanity, on their vulnerabil
Part III, Line 4d	The Father's Club sponsors and supports a variety of other activities and events in addition to those described in the major Program Services described. The organization numerous member and non-member donations, typically of small amounts. In addition, funds are provided and included in this report from an annual charitable golf tourney and grants and major gifts that are described and included in this report.
Part VI, Line 11b	The Form 990 was primarily prepared by the Father's Club Bookkeeper who does the organization's accounting, and is reviewed and signed by the organization's Treasurer.
Part VI, Line 19	Past years' 990-EZs and current year's 990 are available for inspection on the Father's Club website or (upon request) by contacting the Bookkeeper of the Father's Club.
Part VI, Line 1a	Board member numbers and terms are specified in the organization's Bylaws.
Part VI, Line 8b	Regular monthly board meetings are held and records are kept of each.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K

Schedule O (Form 990) 2023

Taxpayer Copy TIN: 83-1803673

# TY 2023 ReasonableCauseExplanation

Name: FATHERS CLUB INC

**EIN:** 83-1803673

Explanation: Filed for and received IRS approval for an extension to Nov. 15,

2024