# EXTENDED TO NOVEMBER 15, 2022

Form **990** 

# 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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Α	For t	he 2021 calendar year, or tax year beginning and e	ending		
В	Check applica	if C Name of organization		D Employer iden	tification number
		ress FATHER FRED FOUNDATION			
L	Nar cha	nge Doing business as		38-2908	3199
	Initi retu Fina retu	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone num 231-947	
	tern	nin-		G Gross receipts \$	3,085,747
	Ame	ended TDANTEDCE CTTV MT 10605 2260		H(a) Is this a group	
		F Name and address of principal officer:BETSY ADERHOLDT			tes? Yes X No
	pen	ding SAME AS C ABOVE			es included? Yes No
ī	Тах-е	xempt status: X 501(c)(3)	r 527		a list. See instructions
		site: WWW.FATHERFRED.ORG		H(c) Group exemp	
ĸ	Form	of organization; X Corporation Trust Association Other	L Year o		M State of legal domicile; MI
-		Summary			1111
-	1	Briefly describe the organization's mission or most significant activities: WE OF	FER H	ELP, HOPE	AND
nce		COMPASSION TO ANYONE WITH ESSENTIAL NEEDS	•		
rra	2	Check this box  if the organization discontinued its operations or dispose		than 25% of its net	assets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3   7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 7
SS	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			5 12
Activities & Governance	6	Total number of volunteers (estimate if necessary)			143
	7 8	Total unrelated business revenue from Part VIII, column (C), line 12		7	a 0.
4	l t	Net unrelated business taxable income from Form 990-T, Part I, line 11		7	
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,196,692	
	9	Program service revenue (Part VIII, line 2g)		0	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		196,574	. 271,350.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		92,887	. 64,284.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,486,153	. 2,336,413.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		589,847	. 707,223.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		406,178	. 428,954.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  48, 21		0	. 0.
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 48, 21	3.		
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		337,432	. 364,267.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,333,457	. 1,500,444.
	19	Revenue less expenses. Subtract line 18 from line 12		1,152,696	. 835,969.
s or			Beg	inning of Current Yea	End of Year
Net Assets Fund Balanc	20	Total assets (Part X, line 16)		8,765,792	. 10,113,102.
t As	21	Total liabilities (Part X, line 26)		69,554	
		Net assets or fund balances. Subtract line 21 from line 20		8,696,238	. 10,050,717.
	rt II				
		alties of perjury, I declare that I have examined this return, including accompanying schedules a			my knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer h	as any knowledge.	
		The state of the s			
Sign	1	Signature of officer		Date	
Here	•	CANDICE S. HAMEL, EXECUTIVE DIRECTOR			
		Type or print name and title		,	
200		Print/Type preparer's name Preparer's signature	Da	te Check	PTIN
Paid		TRINA OCHS, CPA	J0 6	/07/22 of self-emplo	P00209084
Prep		Firm's name DGN , LLC		Firm's EIN ▶	20-2349670
Use	Only	Firm's address P.O. BOX 947			
		TRAVERSE CITY, MI 49685-0947		Phone no. 23	31-946-1722
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form 990 (2021)

Form 990 (2021) FATHER FRED

Part IV Checklist of Required Schedules

14a Did the organization maintain an office, employees, or agents outside of the United States?  14a X  15 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? If "Yes," complete Schedule F, Parts I and IV  16 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 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 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 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? If "Yes," complete Schedule G, Part I. See instructions  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  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  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  20 Did the organization attach a copy of its audited financial statements to this return?				Yes	No
2 Is the organization required to complete Schedule 8, Schedule of Contributords See instructions Did the organization engage in direct or indirect orplicate ampages activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II  Section 501(q3) organizations. Did the organization engage in lobbying activities, or have a section 501(q3) enganization and the complete Schedule C, Part II is the organization as defined in Park Pros. 38-19 If "Yes," complete Schedule C, Part II is the organization as defined in Park Pros. 38-19 If "Yes," complete Schedule C, Part II is the organization and interest and and organization organization and interest and organization and interest and interest and organization and interest and interest and organization interest and interest and organization interest and interest and organization interest and interest and interest an	1	If IIV = II = === let O = let O = A	1	X	
3	2		_	X	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II S is the organization assertion 501(h) (50) (50)(6), 501(6)(6),		Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section for (3(4)), 501 (3(6)), 60 (3(	4			-	- 25
similar amounts as defined in Rev. Proc. 96-197 if "Yes," complete Schedule C, Part III  Did the organization maintain any doore defined funds or any similar funds or accounts for which dinons 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 I  Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historica structures? If "Yes," complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X for provide ordic counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part III  Did the organization disted in Part X for provide ordic counseling, debt management, and the organization defined in the organization and an amount for land, buildings, and equipment in Part X, line 102 if "Yes," complete Schedule D, Part IV  Did the organization report an amount for land, buildings, and equipment in Part X, line 102 if "Yes," complete Schedule D, Part IVII  Did the organization report an amount for investments - other securities in Part X, line 107 if "Yes," complete Schedule D, Part IVII  Did the organization report an amount for the seasests in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 197 if "Yes," complete Schedule D, Part IVIII  Did the organization report an amount for the intellities in Part X, line 18, that is 5% or more of its total assets reported in Part X, line 197 if "Yes," complete Schedule D, Part IVIII  Did the organization report an amount for their beliabilities in Part X, line 18, that is 5% or more of its total assets reported in Part X, line 197 if "Yes," complete Schedule	4	during the tax year? If "Yes," complete Schedule C, Part II	0.00		х
Bid 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 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 I Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV I Yes," complete Schedule D, Part IV I I If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part IV I I If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part IV I I I the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part IV I I I the organization report an amount for investments or the securities in Part X, line 10? If "Yes," complete Schedule D, Part VI I I I the organization report an amount for investments or the 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 VI I I Did the organization report an amount for investments or the securities 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 X II I I X I Did the organization report an amount for other assets in Part X, line 15? If a 18, "complete Schedule D, Part X I I I I I X I I I I I I X I I I I I	5				1.7
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8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   9 Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability, serve as a oustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V   11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI   11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI   11 Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI   11 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 VI   11 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 X   11 Did the organization separate or consolidated financial statements for the tax year include a control that addresses the organization sibility for uncertain tax by the A (ASC 740)? "Yes," complete Schedule D, Part X   12 Did the organization notuded in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part X   13 Exponentiation included in consolidated, independent audited financial statements for the tax year? If Yes," complete Schedu	7		7		x
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Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			11c		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 116 X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111f X 112a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 1 and XII 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iip)? If "Yes," complete Schedule D, Parts XI and XII is optional 12b X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14b 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? If "Yes," complete Schedule F, Parts I and IV 15b 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? If "Yes," complete Schedule F, Parts III and IV 15b 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? If "Yes," complete Schedule G, Part I. See instructions 17b Did the organization report more than \$15,000 of expenses for professional fundraising services on Part VIII, lines 15b Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 15b Did the organization report more than \$15,000 of grants or other	d				.,,
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	b		20b		
domestic government on that the solution of the transfer of the solution of th	21		52320		v
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	-	000	

Form 990 (2021) FATHER FRED FOUNDA

Part IV 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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			Х
2.2	Schedule J	23	<u> </u>	Α.
24 a	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		х
	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization milest any proceeds of tax-exempt bonds beyond a temporary period exception:  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			2000
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
33	sections 301,7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
w10.70	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		- 21
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 10		- 1	
	Enter the number of Forms W-2G included on line 1a, Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
	40.00.04	Form	990 /	ついりまい

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Page 5

	n 990 (2021) FATHER FRED FOUNDATION 38-2908	199	) P	age :
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		т —	_
	1 1		Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2a 12	,		
	micd for the odichad year chang man or maint the year coroned by the retain.	-1	Х	
b		2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	_		х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	-	Α
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	-	-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
9	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	
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).			х
5a		5a 5b		X
b				25
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
	any contributions that were not tax deductible as charitable contributions?	6a		25
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Gh		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х
a		7a 7b		23
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	75		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		Х
	to file Form 8282?  If "Yes." indicate the number of Forms 8282 filed during the year 7d	76		- 23
		7e		Х
e		7f	Х	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
h o	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
8	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	Ŭ		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
V400.50	ANTHORISE CONTROL CONT	45	- 1	X
	excess parachute payment(s) during the year?	15		
	excess parachute payment(s) during the year?  If "Yes." see the instructions and file Form 4720, Schedule N.	15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			
	If "Yes," see the instructions and file Form 4720, Schedule N.  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	If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			

6

Form **990** (2021) 00943\_\_1

FATHER FRED FOUNDATION 38-2908199 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O 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 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X X 13 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b 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 X taxable entity during the year? **b** If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►MI 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain on Schedule O)

Own website Another's website X Upon request

19	Describe on 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.

State the name, address, and telephone number of the person who possesses the organization's books and records GAIL PARTEE - 231-947-2055

826	HASTINGS,	TRAVERSE	CITY,	MΙ	4968
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Form 990 (2021)

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

<b>(A)</b> Name and title	(B) Average hours per week	box	(C) Position (do not check more the box, unless person is to officer and a director/to				th an	( <b>D</b> )  Reportable  compensation  from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations		
(1) CANDICE HAMEL	45.00			v				0F 160	0.	10 207		
EXECUTIVE DIRECTOR	8.00	-	-	X	-			85,169.	0.	10,397.		
(2) BETSY ADERHOLDT PRESIDENT	8.00	X		Х				0.	0.	0.		
(3) CHARLIE SOLE	2.00	22		25				0.	0.	0.		
TREASURER	2.00	Х		Х				0.	0.	0.		
(4) REBECCA BERCINI	5.00											
SECRETARY/ VICE PRESIDENT		X		Х				0.	0.	0.		
(5) PAULA PRUSICK	2.00											
DIRECTOR		Х						0.	0.	0.		
(6) MAX ANDERSON	2.00											
DIRECTOR		Х						0.	0.	0.		
(7) MAUREEN MADION	5.00									_		
DIRECTOR		X						0.	0.	0.		
(8) DEB JACKSON	2.00									•		
DIRECTOR		X						0.	0.	0.		
										<del></del>		
							$\dashv$					
			$\dashv$				$\dashv$					
		_	$\dashv$				4					

Form 990 (2021)

Pa	rτ VII   Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d H	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average		Position do not check more than one ox, unless person is both an			than		Reportable	Reportable		-	imate	
		hours per week					is bot or/trus		compensation from	compensation from related			ount	OT
		(list any	ctor						the	organizations		comp		tion
		hours for	or dire	90			ated		organization	(W-2/1099-MISC	2/		m th	
		related organizations	Individual trustee or director	Institutional trustee		99	Highest compensated employee		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		0	nizat relat	
		below	idual t	utiona	<b>a</b>	Key employee	est cor	-Ba	10001120)			orgai		
		line)	Indiv	Instit	Officer	Key e	High	Former						
											$\top$			
											_			
0.											十			
											+			
											+			
					$\dashv$						+			
1b	Subtotal							<b></b>	85,169.		0.	10	, 3	97.
С	Total from continuation sheets to Part VI	I, Section A					J	<b></b>	0.	The second secon	0.	1.0	2.	0. 97.
0905	Total (add lines 1b and 1c)							<b>&gt;</b>	85,169.		-	10	, 5.	9 / •
2	Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	oove	e) wr	o re	ceived more than \$100	,000 от герогларіе				0
	compensation from the organization											T	/es	No
3	Did the organization list any former officer,													
	line 1a? If "Yes," complete Schedule J for se										<u>L</u> i	3	-	<u>X</u>
4	For any individual listed on line 1a, is the su											4		х
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	+	
J	rendered to the organization? If "Yes," comp					115-34			a organization or main			5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor										ensati	on fro	m	
	the organization. Report compensation for t (A)	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y (B)	ear.		(C)		-
	Name and business	address	NC	NE	l I				Description of se	ervices	Com	npens		1
								+						
W-W-41.								+		-				
														_
2	Total number of independent contractors (in	cluding but so	+ lin	nitod	l to t	hee	o lic	tod :	ahove) who received m	ore than				
2	\$100,000 of compensation from the organiz		ı III	пеа	i to t	0		ieu i	above, who received in	JIG HIGH				
											Fo	rm <b>9</b> 9	90 (2	021)

For	n 990	(2021) FATHER FRED FOUNDA	ATION		38-2908	199 Page 9
	art V	III Statement of Revenue				
/Sec. 175/2		Check if Schedule O contains a response or note to	any line in this Part VIII			
-			(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded
ts	1 1	a Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	l t	Membership dues 1b				
s, G	(	Fundraising events 1c				
ar		d Related organizations 1d		= =	= = = = =	' v -
is,		Government grants (contributions)				
tior S	f	All other contributions, gifts, grants, and				
혈		similar amounts not included above 1f 2,000,	779.			
onti	٥	Noncash contributions included in lines 1a-1f				
<u>0</u> <u>8</u>	1	Total. Add lines 1a-1f				
		Business	s Code			
ice	2 8					
Ser.	k					
Wen w						
Program Service Revenue	6					
P.	-	All other program service revenue				
		Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and		40		
		other similar amounts)	▶ 239,739.			239,739.
	4	Income from investment of tax-exempt bond proceeds	<b>&gt;</b>			
	5	Royalties	. ▶			
		(i) Real (ii) Pers	onal			
	6 a	Gross rents 6a 6,000.	-			
	570	Less: rental expenses 6b 0 •				
	1000	Rental income or (loss) 6c 6,000.	6,000.	-		6,000.
	5500	Net rental income or (loss)  Gross amount from sales of (i) Securities (ii) Oth	-			0,000.
	/ a	Gross amount from sales of assets other than inventory 773,231.				
	۱ ,	Less: cost or other basis				
e		and sales expenses 7, 741,620				
Revenue	c	Gain or (loss) 7c 31,611.				
Rev	d	Net gain or (loss)	31,611.			31,611.
ř		Gross income from fundraising events (not				
₹		including \$ of				
		contributions reported on line 1c). See		=		
		Part IV, line 18 8a 65,9				
		Less: direct expenses 8b 7,7	F0 004			F0 004
		Net income or (loss) from fundraising events	▶ 58,284.			58,284.
	9 a	Gross income from gaming activities. See				
	100	Part IV, line 19 9a				
		Less: direct expenses 9b	<b>•</b>		*	
		Net income or (loss) from gaming activities  Gross sales of inventory, less returns				
	10 a	and allowances 10a				
	h	Less: cost of goods sold 10b				
		Net income or (loss) from sales of inventory	<b>•</b>			
<u>"</u>		Business	Code			
e e	11 a					
Miscellaneous Revenue	b					
cell eve	С					
Mis		All other revenue				
(A <del>C-77</del> )	е	Total. Add lines 11a-11d	D 226 412			225 624
	12	Total revenue. See instructions	<b>▶</b> 2,336,413.	0.	0.	335,634.

00943\_\_1

# Form 990 (2021) FATHER FRED FOR FUNCTIONAL EXPENSES

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

360	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor			mpiete celaiim (i yi	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	707,223.	707,223.		
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,	05 160	60 176	12 707	2 896
	trustees, and key employees	85,169.	68,476.	13,797.	2,896
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 226	225 200	45,415.	9,531
7	Other salaries and wages	280,336.	225,390.	40,410.	9,551
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	35,948.	28,902.	5,824.	1,222
9	Other employee benefits	27,501.	22,111.	4,455.	935
10	Payroll taxes	21,301.	22,111.	1, 100	,,,,,
11	Fees for services (nonemployees):	1			
a		9,698.	7,797.	1,571.	330
	Legal	16,300.	13,105.	2,641.	554
	Accounting	10,3000	13/1031		
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	35,507.	30,358.	4,261.	888
g		00,001		,	
9	column (A), amount, list line 11g expenses on Sch 0.)	7,429.	843.	170.	6,416.
12	Advertising and promotion	21,856.	7,682.	1,548.	12,626.
13	Office expenses	28,551.	20,608.	4,152.	3,791.
14	Information technology				
15	Royalties				
16	Occupancy	99,531.	80,024.	16,122.	3,385.
17	Travel	3,059.	2,459.	496.	104.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,288.	10,683.	2,153.	452.
20	Interest	227.	182.	37.	8.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	107,514.	86,442.	17,417.	3,655.
23	Insurance	11,250.	9,044.	1,823.	383.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), arount list line 24e expenses on Schedule (A).				
а	amount, list line 24e expenses on Schedule 0.) VOLUNTEER EXPENSES	6,834.	5,495.	1,107.	232.
a b	OTHER FUNDRAISING EXPEN	1,493.	747.	_,_,,	746.
C	DUES	1,281.	1,030.	207.	44.
d	MISCELLANEOUS	449.	361.	73.	15.
33733	All other expenses			(C ) (C) (C)	
25	Total functional expenses. Add lines 1 through 24e	1,500,444.	1,328,962.	123,269.	48,213.
25 26	Joint costs. Complete this line only if the organization		1 - 1 - 1	averance some € and a state of the	• 1000 1000
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-09-21				Form <b>990</b> (2021)

Part >	The street was great and the street was the street and the street			
	Check if Schedule O contains a response or note to any line in this Part X			(B)
		(A) Beginning of year		End of year
-   -	Cash - non-interest-bearing		1	
2		1,268,068.	2	1,066,981
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	9.	4	2
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
<u>د</u> ع	Notes and loans receivable, net		7	66.000
Assets	Inventories for sale or use	113,530.	8	66,229
₹   9	Prepaid expenses and deferred charges	46,658.	9	52,227
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2,792,107.			4 000 604
	b Less: accumulated depreciation 10b 1,459,413.	1,388,534.	10c	1,332,694
11	AND COLORS AND	5,928,679.	11	7,574,619
12	Investments - other securities. See Part IV, line 11	20,314.	12	20,350
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15			15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,765,792.	16	10,113,102
17	Accounts payable and accrued expenses	66,584.	17	60,828
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
g 22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
8	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	2,970.	23	1,557
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	69,554.	26	62,385
	Organizations that follow FASB ASC 958, check here			
<u> </u>	and complete lines 27, 28, 32, and 33.			
27 28 29 30 31 32	Net assets without donor restrictions	7,882,970.	27	9,149,758.
28	Net assets with donor restrictions	813,268.	28	900,959.
2	Organizations that do not follow FASB ASC 958, check here			
:	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	8,696,238.	32	10,050,717.
33	Total liabilities and net assets/fund balances	8,765,792.	33	10,113,102.

Form **990** (2021)

For	n 990 (2021) FATHER FRED FOUNDATION	30-21	CCTOOL	Pa	age 12
Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			1200	over .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,33		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,50		
3	Revenue less expenses. Subtract line 2 from line 1	3			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,690		
5	Net unrealized gains (losses) on investments	5	518	8,5	510.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	10,050	),7	17.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form 9	90 (	2021)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

38-2908199 FATHER FRED FOUNDATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (i) Name of supported (ii) EIN (iii) Type of organization (vi) Amount of other in your governing documen (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions))

Part II 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,916,790.	1,648,993.	1,790,868.	2,196,692.	2,000,779.	9,554,122.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				N)		
	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	1,916,790.	1,648,993.	1,790,868.	2,196,692.	2,000,779.	9,554,122.
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	Public support, Subtract line 5 from line 4.				, - I		9,554,122.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1,916,790.	1,648,993.	1,790,868.	2,196,692.	2,000,779.	9,554,122.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	117,314.	119,913.	109,776.	93,180.	239,739.	679,922.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					T T	
	or loss from the sale of capital						
	assets (Explain in Part VI.)	320,774.	254,740.	308,562.	79,564.	65,998.	1,029,638.
11	Total support. Add lines 7 through 10						11,263,682.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	p
	organization, check this box and stop			**********			<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li					14	84.82 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14		L	15	84.42 %
16a	33 1/3% support test - 2021. If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies a	as a publicly suppo	orted organization				<b>X</b>
	33 1/3% support test - 2020. If the o					000000 0000000000000000000000000000000	
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test	- 2021. If the orga	nization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the facts						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pul	blicly supported or	ganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the orga	nization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	e facts-and-circum	stances test, chec	k this box and <b>sto</b>	<b>p here.</b> Explain in	Part VI how the	
	organization meets the facts-and-circu	mstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box ar	d see instructions	
						Schedule A (F	orm 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sa	ction A. Public Support	below, please com	ipiete Part II.)				
		(a) 0017	(b) 2019	(a) 2010	(4) 2020	(a) 2021	(f) Total
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
-	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion,
	tion C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2020. If the						and
	line 18 is not more than 33 1/3%, che						320
	Private foundation. If the organization		CONTRACTOR NO. (CONTRACTOR OF CONTRACTOR)			2000	<b>&gt;</b>

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#### Part IV **Supporting Organizations**

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
lule	A (Form	990)	2021

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Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
· a	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 governmental entity (see in	struction	7s).	
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			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
a	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	- 4		
		-		
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	ah		
_	these activities but for the organization's involvement.	2b	-+	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-	- 1	
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	$\rightarrow$	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	- 1	

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Schedule A (Form 990) 2021

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	<del></del>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complet	te Sections A through E.	
Sec	tion 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		
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			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	2.	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990) 2021

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
_	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			E = X
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder, Subtract lines 4a and 4b from line 4.	Elitik Grand Gibbook Righten giften edir.		
5	Remaining underdistributions for years prior to 2021, if			- Y
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j	7		
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018		V V	
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FATHER FRED FOUNDATION

Employer identification number 38-2908199

	organization answered "Yes" on Form 990, Part IV, line 6		#NF - 1 1 - 1
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in write		
	are the organization's property, subject to the organization's ex-		
6	Did the organization inform all grantees, donors, and donor advi	isors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	conferring
,			
Pa	rt II Conservation Easements. Complete if the organ	ization answered "Yes" on Form 990, P	'art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	n or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struct		
d	THE RESIDENCE OF THE PROPERTY		
	listed in the National Register		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3	Number of conservation easements modified, transferred, release		
·	year >	,,,,	
4	Number of states where property subject to conservation easen	nent is located	
5	Does the organization have a written policy regarding the period		
3	violations, and enforcement of the conservation easements it ho		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har		
U	Stall and volunteer flours devoted to morntoning, inspecting, har	iding of violations, and emoroting cons-	sivution easemente danning the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conservat	ion easements during the year
,		g of violations, and emorning conservati	on easements during the year
•	▶ \$ Does each conservation easement reported on line 2(d) above s	atiafy the requirements of acation 170/h	a)(4)(P)(i)
8	12.00	15 15 15 15 15 15 15 15 15 15 15 15 15 1	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial stateme	nts that describes the
Da	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of A	rt Historical Transuras or Ot	har Similar Assats
Pa			ner Sillilar Assets.
	Complete if the organization answered "Yes" on Form 99		<del>-,,,,</del>
1a	If the organization elected, as permitted under FASB ASC 958, r	**************************************	
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958, t	o report in its revenue statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public ext	hibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
	If the organization received or held works of art, historical treasur	res, or other similar assets for financial	gain, provide
2			
2	the following amounts required to be reported under FASB ASC	958 relating to these items:	
	SATISTIC CONTROL CONTR	Special part of the Control of the C	> \$
а	Revenue included on Form 990, Part VIII, line 1	Special part of the Control of the C	

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a	a Are there endowment funds not in the possession of the organization that are neighboring administered for the organ	lization		
	by:		Yes	No
	(i) Unrelated organizations	3a(i)		X
	(ii) Related organizations	3a(ii)		X
b	o If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

Describe in Part XIII the intended uses of the organization's endowment funds.

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land		238,910.	1	238,910.		
<b>b</b> Buildings		2,387,539.	1,323,684.	1,063,855.		
c Leasehold improvements						
d Equipment		130,654.	100,725.	29,929.		
e Other		35,004.	35,004.	0.		
Fotal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)		•	ad of year manifest walve
	(b) Book value	(c) Method of valuation: Cost or er	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B)			
(C)			
(D)	11		
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			#
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	· · · · · · · · · · · · · · · · · · ·	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)	π.		
(4)			
(5)			
(6)			3.5-1.9-19-19-19-19-19-19-19-19-19-19-19-19-19
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	l 1e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)  Tatal (Column (h) must accust Form 200, Part V. col. (R) line	25.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line			Large of the
<ol><li>Liability for uncertain tax positions. In Part XIII, provide to organization's liability for uncertain tax positions under formula.</li></ol>			Towns of the contract of the c
organization a hability for uncertain tax positions under r	AUD AUD 140. UTIECK TIET	e ii u ie text of the foothole has been pr	OVIDED III FAIL AIII LAL

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Schedule D (Form 990) 2021

	edule D (Form 990) 2021 FATHER FRED FOUNDATION	38	-2908199 <sub>Page</sub>
THE OWNER OF THE OWNER, THE OWNER	rt XI   Reconciliation of Revenue per Audited Financial Statements With Revenue		
ı a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	•	
_	Total revenue, gains, and other support per audited financial statements	1	2,819,416
1	14 15 15 15 15 15 15 15 15 15 15 15 15 15	·····	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  2a 518, 5	510	
а	Not difficulted game (leases) of the second	7101	
b	Donated Scivices and use of radiation		
С			
d			518,510
е	Add lines 2a through 2d	2000	2,300,906
3	Subtract line 2e from line 1	3	2,300,900
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- 0.7	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 35,5	007.	
b	Other (Describe in Part XIII.)		0
С	Add lines 4a and 4b		35,507
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,336,413
Pai	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Ret	urn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,464,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
c	Other losses 2c		
d			
95,70	Add lines 2a through 2d	2e	0
1000			1,464,937
3	Subtract line 2e from line 1	·····	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  4a  35,5	07	
	Throughout oncome the final control of the control	, , , ,	
	Other (Describe in Part XIII.)	<del></del>	35,507
27000	Add lines 4a and 4b		1,500,444
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,500,444
	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	V, line 4; Pa	t X, line 2; Part XI,
PAF	RT V, LINE 4:		
THE	PRIMARY PUROSE OF THE ENDOWMENT FUND IS TO CARRYOUT T	HE MIS	SSION OF THE
FOU	JNDATION INTO PERPETUITY		<u> </u>
PAF	RT X, LINE 2:		
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER	SECTIO	N 501(C)(3)
OF	THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTA	IN ACT	VIVITIES NOT

DIRECTLY RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME. THERE WAS NO UNRELATED BUSINESS INCOME DURING 2020 AND 2019. IN ADDITION, THE ORGANIZATION HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER

SECTION 509(A)(2).

Schedule D (Form 990) 2021

## SCHEDULE G (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

2027

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization FATHER FRED FOUNDATION 38-2908199 Fundraising Activities. 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 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or \_\_ Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 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.

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

Schedule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and g				pts greater than \$5,000.
1855			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FOOD DRIVES	CIGAR DINNER	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Jue			(event type)	(everit type)	(total flamber)	
Sevenue	1	Gross receipts	61,584.	2,670.	1,743.	65,997.
Œ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	61,584.	2,670.	1,743.	65,997.
_	3	Gross income (iiiie i minus iiiie 2)	01,304.	2,070.	1,713.	03,337.
	4	Cash prizes				
ý	5	Noncash prizes				
ense	6	Rent/facility costs				
Expe	٦	Tierro radiinty dedite				
Direct Expenses	7	Food and beverages				
ä						
	8	Entertainment				7,714.
	9 10	Other direct expenses  Direct expense summary. Add lines 4 through				7,714.
	2000	Net income summary. Subtract line 10 from li	CARROLLOS AND CONTROL OF THE CONTROL			58,283.
Pa						
		\$15,000 on Form 990-EZ, line 6a.	70 - 000 - 0			
le			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(-,9-	bingo/progressive bingo	(-, gg	col. (a) through col. (c)
Rev						
-	1	Gross revenue				
S	2	Cash prizes				
nse		9				
xbe	3	Noncash prizes				
Direct Expenses	2	D				
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No □	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		<b></b>	
		The garming income sammary, subtract line r	nom line 1, column (a)			
9	Ente	er the state(s) in which the organization condu	cts gaming activities:			
а	ls th	ne organization licensed to conduct gaming ac	tivities in each of these s	states?	********	Yes No
b	If "N	lo," explain:	***			
		re any of the organization's gaming licenses rev		0.700	ear?	☐ Yes ☐ No
D	11 T	'es," explain:				
0000	9160	21.21			Cohoo	tule G (Form 990) 2021

Sch	edule G (Form 990) 2021	FATHER	FRED	FOUNDATION	38-29081	.99 Page 3
11	Does the organization conduc	ct gaming activities	with nonr	nembers?		es No
	Is the organization a grantor,	beneficiary or trust	ee of a tru	st, or a member of a partnership or other entity formed		
					🗀 Ү	es L N
	Indicate the percentage of ga				1 = 1	
				he organization's gaming/special events books and recor		
	1801 AN		8		us.	
	Name					
	Address					
15a	Does the organization have a	contract with a thire	d party fro	om whom the organization receives gaming revenue?	Y	es No
b	If "Yes," enter the amount of go of gaming revenue retained by	gaming revenue rec	eived by t	the organization 🕨 \$ and the amo	unt	
	If "Yes," enter name and addr					
	Name					
	Address >					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation	on ▶ \$		_		
	Description of services provide	ad <b>b</b>				
	<u>Kananananananananananananananananananan</u>					
	Director/officer	Employee		Independent contractor		
7	Mandatory distributions:					
		der state law to ma	ike charita	ble distributions from the gaming proceeds to		
					Ye	s 🗌 No
				o be distributed to other exempt organizations or spent in		
_	organization's own exempt act	ivities during the ta	x year 🕨	\$		
ar				planations required by Part I, line 2b, columns (iii) and (v);	and Part III, lines	s 9, 9b, 10b,
_	150, 150, 16, and 170,	as applicable. Also	provide a	any additional information. See instructions.		
				<del></del>		
2083	10-21-21				Schedule G (For	m 990) 2021

Schedule C	(Form 990) FATHER FRED FOUNDATION	38-2908199 Page 4
Part IV	(Form 990) FATHER FRED FOUNDATION Supplemental Information (continued)	
·		

Schedule G (Form 990)

SCHEDULE (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

	information
	atest
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Inspection

OMB No. 1545-0047

Go to www.irs.g

2	<b> </b>	ED FOUNDA	TION					Employer identification number
Part	General Information on Grants and Assistance	nd Assistance						20 - 27 - 05
<b>-</b>	Does the organization maintain records to substantiate the amount criteria used to award the greate or accidence.	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or as:	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
2 D	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for monit	toring the use of grant	funds in the Linite	d States			X Yes No
PartII	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Domestic Organi 55,000. Part II can	zations and Domesti be duplicated if addit	c Governments. C	complete if the organical	anization answered "\	res" on Form 990, Part	IV, line 21, for any
1	1 (a) Name and address of organization or government	( <b>p</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
	Enter total number of section 501(c)(3) and government organization	nd government or	ganizations listed in th	is listed in the line 1 table	-			•
מ ב	Enter total number of other organizations listed in the line 1 table	listed in the line	1 table					
Y Y	For Paperwork Reduction Act Notice, see the Instructions for Form 990,	see the Instructi	ions for Form 990.					Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

Part III

38-2908199

(f) Description of noncash assistance NONCASH DISTRIBUTION (book, FMV, appraisal, other) TO THIRD PARTIES FOR AND EMERGENCY MEDICAL OR DENTAL NEEDS AS Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. SUCH AS UTILITY SHUT-OFF TO AN ANNUAL CAP PER TO ENSURE THAT THE FOUNDATION SERVES TO AREA INDIVDUALS FMV OR CASH EST. SHUT-OFF NOTICE, 0 (d) Amount of non-cash assistance 270,325. IS PAID 0 436,898. FINANCIAL AID IS LIMITED (c) Amount of cash grant FATHER FRED FOUNDATION OFFERS FINANCIAL ASSISTANCE ALL FINANCIAL ASSISTANCE AND ESSENTIAL AID REQUESTS UTILITY 1150 3029 (b) Number of recipients BILL, HOME HEATING SOLUTIONS, ALL FINANCIAL REQUESTS REQUIRE A CHECK. MANY FAMILIES AS POSSIBLE, DIRECTLY IN THE FORM OF A (a) Type of grant or assistance STATEMENT FROM A VENDOR. SHORT-TERM EMERGENCY HOUSEHOLD EACH YEAR. FOOD, CLOTHING, GIFT CARD UTILITIES, & OTHER I, LINE NOTICES AND PART FOOD,

Schedule I (Form 990) 2021

132102 10-26-21

## SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FATHER FRED FOUNDATION

Employer identification number 38-2908199

Pa	art I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri			nts
1	Art - Works of art		TOTAL GOTTER BACOA	Trominoso, rait viii, iiro rg				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		157,110.	EST. FAIR	MARK	ET	VAI
6	Cars and other vehicles			•				
7	Boats and planes		8					
8	Intellectual property							
9	Securities - Publicly traded	X	1	29,420.	FAIR MARKE	T VA	LUE	C
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х	585	113,165.	EST. FAIR	MARK	ET	VAL
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			4 465				
25	Other (GIFT CARDS)	Х	24	1,46/.	STATED VAL	UES		
26	Other ()							
27	Other ()							
28	Other ( )							
29	Number of Forms 8283 received by the organization completed Form 828		[ 전에 시에 마이에 HON					
					Company of the contract		Yes	No
30a	During the year, did the organization receive by					1 1		
	must hold for at least three years from the date			01011 (1977) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907) (1907)	VE1511 (V514)			77
	exempt purposes for the entire holding period?	,	••••••	***************************************		30a		X
	If "Yes," describe the arrangement in Part II.			· HANDARD CHARLES OF SAME AND A COMMISSION OF		ARRON AND A	τ,	
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties of contributions?	_				32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

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Schedule M (Form 990) 2021

# **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FATHER FRED FOUNDATION	38-2908199
FORM 990, PART VI, SECTION A, LINE 8B:	
NO COMMITTEES HAVE BEEN GIVEN AUTHORITY TO ACT ON BEHALF	OF THE GOVERNING
BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE AUDIT SUBGROUP AND BOARD OF DIRECTORS REVIEW AND APPR	OVE THE FILING OF
THE 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS MONITORED AND ENFORCED	BY REVIEWING WITH
STAFF AT ANNUAL PERFORMANCE REVIEWS WITH THE EXECUTIVE DI	RECTOR. BOARD
MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QU	UESTIONNAIRE
ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE HUMAN RESOURCES COMMITTEE REVIEWS VARIOUS FACTORS SUCH	H AS ECONOMIC
COMPARISON TO OUTSIDE ORGANIZATIONS, AND INDUSTRY TRENDS A	AND MAKES
RECOMMENDATIONS TO THE BOARD ON AN ANNUAL BASIS. THE BOAR	O THEN VOTES ON
THE RECOMMENDATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POLICY, 990
TAX RETURN, FORM 1023, AND AUDITED FINANCIAL STATEMENTS AR	E MADE AVAILABLE

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

FOR PUBLIC INSPECTIONS UPON REQUEST AT THE CORPORATE OFFICE.

Schedule O (Form 990) 2021