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CISX4B4KJN

Form **990-EZ****Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2008**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning Aug 1 , 2008, and ending Jul 31 , 2009			
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization FATHER'S DAY COUNCIL, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 37 WEST 39TH STREET 1102 City or town, state or country, and ZIP + 4 New York NY 10018	
Please use IRS label or print or type. See Specific Instructions.		D Employer identification number 13-1601569 E Telephone number (212) 594-6421 F Group Exemption Number	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

Website: ► <http://www.momanddaddy.com>Organization type (check only one) — ☒ 501(c) (**6**) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 880,354.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	158,909.
4 Investment income	4	594.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	720,851.
b Less: direct expenses other than fundraising expenses	6b	190,522.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	530,329.
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe _____)	8	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	689,832.
10 Grants and similar amounts paid (attach schedule)	10	314,100.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	39,270.
13 Professional fees and other payments to independent contractors	13	
14 Occupancy, rent, utilities, and maintenance	14	23,516.
15 Printing, publications, postage, and shipping	15	18,812.
16 Other expenses (describe ► See Other Expenses Statement)	16	291,191.
17 Total expenses (add lines 10 through 16)	17	686,889.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,943.
19 Net assets or fund balances at beginning of year (from line 27, column (A) must agree with end-of-year figure reported on prior year's return)	19	264,890.
20 Other changes in net assets or fund balances (attach explanation)	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	267,833.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

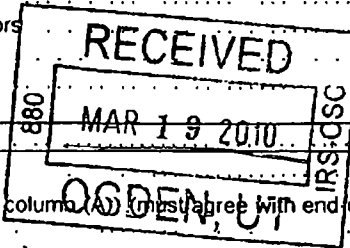
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	305,984.	258,557.
23 Land and buildings	5,084.	5,281.
24 Other assets (describe ► See L-24 Stmt)	13,823.	16,902.
25 Total assets	324,891.	280,740.
26 Total liabilities (describe ► See L-26 Stmt)	60,001.	12,907.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	264,890.	267,833.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0812 01/14/09



✓ 1465

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28

28 a

29

29 a

30

30 a

31 a

32

0.

Q.

0.

0.

Q.

0.

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved		
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶		

42a The books are in care of ▶ **FATHER'S DAY COUNCIL** Telephone no. ▶ **(212) 594-5977**
Located at ▶ **37 WEST 39TH ST. - SUITE 1102** **NEW YORK** **NY** ZIP + 4 ▶ **10018**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X

If 'Yes,' enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

	Yes	No
42c		X

If 'Yes,' enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here

	<input type="checkbox"/>
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and enter the amount of tax-exempt interest received or accrued during the tax year

43	
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44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

45		X
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Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		(event type)	(event type)	NONE (total number)	(Add col. (a) through col. (c))
REVENUE	1 Gross receipts				
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4 through 7 in column (d)				
	9 Net income summary. Combine lines 3 and 8 in column (d)				

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If 'No,' Explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If 'Yes,' Explain.

11 Does the organization operate gaming activities with nonmembers? _____

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a** The organization's facility **13a** %
- b** An outside facility **13b** %

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶

Address: ▶

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? **15a**

- b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If 'Yes,' enter name and address:

Name: ▶

Address: ▶

16 Gaming manager information

Name: ▶

Gaming manager compensation ▶ \$

Description of services provided: ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2008Attachment
Sequence No. **67**

Name(s) shown on return

FATHER'S DAY COUNCIL, INC.

Identifying number

13-1601569

Business or activity to which this form relates

Form 990 / Form 990EZ**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	264.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	551.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B — Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life		264.	5.0 yrs	HY	S/L	26.
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	841.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 06/12/08

Form 4562 (2008)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes		No		24b If 'Yes,' is the evidence written?				Yes		No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost							
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25								
26 Property used more than 50% in a qualified business use.															
27 Property used 50% or less in a qualified business use:															
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1															
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1															

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):					
43 Amortization of costs that began before your 2008 tax year					
44 Total. Add amounts in column (f). See the instructions for where to report					

Form 990-EZ, Part I, Line 16
Other Expenses Statement

Other expenses (describe)

COMPUTER CONSULTING	5,135.
Depreciation	841.
INSURANCE	4,784.
ADMINISTRATIVE SERV	197,221.
ACCOUNTING & BOOKKEEPING	8,525.
LEGAL FEES	2,025.
INVESTMENT FEES	150.
REPAIRS & MAINTENANCE	666.
CREDIT CARD DISCOUNTS	5,006.
PROMOTION & PUBLICITY	37,921.
TRAVEL	9,565.
TELEPHONE & TRANSMISSION	7,303.
OFFICE SUPPLIES & EXPENSES	7,234.
MEMBERSHIP EXPENSES	1,326.
PAYROLL TAXES	3,489.

Total

291,191.Form 990-EZ, Part I, Line 10
Grants and Similar Amounts PaidPurpose of Payment **SUPPORT CHILDREN & FAMILY HEALTH**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
	Business <input type="checkbox"/> Person <input type="checkbox"/> SEE LIST ATTACHED	NONE	
			314,100.

If property other than cash was given, the following additional information needs to be provided:

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

PAGE 1

PART I

LINE 10

GRANTS & SIMILAR AMOUNTS PAID

FY/IE 7/31/09

Amount

American Diabetes Association

5,875.00

330 Congress St. - 5th Floor

Boston, MA 02210

Save the Children

276,075.00

54 Wilton Rd.

Westport, CT 06880

American Jewish Committee

10,000.00

185 E. 58th St. - Suite 827

New York, NY 10022

Bridgeport Rescue Mission

100.00

1088 Fairfield Ave.

Bridgeport, CT 06605

Fashion Crafts Educational Commission

800.00

224 W. 24th St.

New York, NY 10021

HOPE Worldwide

400.00

353 W. Lancaster Ave. - Suite 200

Wayne, PA 19087

Bellevue Hospital Center

2,500.00

462 1st Ave.

New York, NY 10016

Malaria No More Fund

100.00

432 Park Ave. South

New York, NY 10016

Smithsonian Institute, Contribution Receipt Center

1,000.00

P.O. Box 9016

Pittsfield, MA 01202

The Carmel Hill Fund Education Program

250.00

58 W. 128th St. - Suite 1

New York, NY 10027

Trey Whitfield School Scholarship Fund

2,500.00

17 Hinsdale St.

Brooklyn, NY 11207

Unitarian Church of All Souls

13,000.00

1157 Lexington Ave.

New York, NY 10075

Women in Need, Inc.

1,500.00

116 W. 31st St.

New York, NY 10001

TOTAL

314,100.00

Form 990-EZ
Part II

Other Assets and Liabilities

2008

Name as Shown on Return

FATHER'S DAY COUNCIL, INC.

Employer Identification No.

13-1601569

Line 24 - Other Assets:	Beginning of Year	End of Year
SECURITY DEPOSITS	3,323.	3,356.
ACCOUNTS RECEIVABLE	10,500.	13,546.
Totals to Form 990-EZ, Part II, line 24	13,823.	16,902.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable & Accrued Expenses	58,625.	11,551.
PAYROLL TAX LIABILITIES	1,376.	1,356.
Totals to Form 990-EZ, Part II, line 26	60,001.	12,907.

FDC/MDC BOARD OF DIRECTORS

HERBERT ARONSON
H. R. ARONSON & ASSOCIATES
150 CENTRAL PARK SOUTH
NEW YORK, NY 10019

KATHY BRADLEY-RILEY
THE DONEGER GROUP
463 SEVENTH AVENUE
NEW YORK, NY 10018

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NEW YORK, NY 10001

STUART GOLDBLATT
MACY'S MERCHANDISING GROUP
11 PENN PLAZA - 4TH FL
NEW YORK, NY 10001

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NEW YORK, NY 10021

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ITOCHU PROMINENT
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TDA
980 AVE. OF THE AMERICAS
NEW YORK, NY 10018

MALCOLM ROBINSON
PHILLIPS-VAN HEUSEN
200 MADISON AVENUE
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MARINA DEL RAY, CA 90291

PAUL ROSENGARD
PERRY ELLIS INT'L
1114 AVE OF THE AMERICAS
NEW YORK, NY 10036

SUNIL SANI
CGS INDUSTRIES
34-09 QUEENS BLVD
LONG ISLAND CIT, NY 11101

GLEN SCHANEN
MACYS COM/ MACY'S INC.
1440 BROADWAY - 13TH FL
NEW YORK, NY 10018

LILY SIDOROVICH
BERKELEY COLLEGE
44 RIFLE CAMP ROAD
WOODLAND PARK, NJ 07429

RICHARD WURTZBURGER
PEERLESS CLOTHING
641 LEXINGTON AVENUE, 12TH FL
NEW YORK, NY 10022