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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150 2009

Department of the Treasury Internal Revenue Service

➤ 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 \$500,000 and total assets less than \$1,250,000 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

Open to Public Inspection

Form 990-EZ (2009)

| A | For the | he 2009 calendar year, or tax year beginning , 2009, and ending | | | , 20 | | | | | | | |
|------------|--------------|---|----------------------|---|----------------|------|--------------------|------------|------------------------------|-------------------------|--|--|
| В | Check if a | applicable | D) | C Name of organization | | | D Employ | er ic | lentif | fication number | | |
| | Address o | change | Please use IRS | THE FATHERS HOUSE | | | 16- | 175 | 765 | 7 | | |
| _ | Name cha | - | label or print or | Number and street (or P O box, if mail is not delivered to street address) | Room/s | uite | E Telepho | ne r | ıumb | er | | |
| X | Initial retu | urn | type. | | } | | | | | | | |
| _ | Terminate | | See Specific | PO BOX 382 | <u> </u> | | (50 | 1)3 | 84- | 5233 | | |
| | Amended | return | Instruc- tions. | City or town, state or country, and ZIP + 4 | | | F Group I | Exemption | | | | |
| | | on pending | | DONALDSON, AR 71941 | | | Numbe | <u>r</u> ▶ | | | | |
| | • Sec | tion 501(c)(3) | - | zations and 4947(a)(1) nonexempt charitable trusts must attac | ch | G | Accounting Me | | ı <u>X</u> | Cash 🗌 Accrual | | |
| | | | a cor | npleted Schedule A (Form 990 or 990-EZ). | | | Other (specify) | | | | | |
| | | | | | | Н | | | • | anization is not | | |
| | | | | | | | | | attach Schedule B (Form 990, | | | |
| _ | | | | | | | 990-EZ, or 990 | | | #25 000 A | | |
| | | | _ | on is not a section 509(a)(3) supporting organization and its gros | • | | | | | n \$25,000 A | | |
| | | | | urn is not required, but if the organization chooses to file a return | | | | | | 207 001 | | |
| | art I | | | ine 9 to determine gross receipts, if \$500,000 or more, file Form 9 | | | | | | 297,981 | | |
| E. | 1 | | | enses, and Changes in Net Assets or Fund Balagrants, and similar amounts received | | | | ons 10 | 71 Pa | | | |
| | 2 | | - | enue including government fees and contracts | | | | 2 | + | 54,754 239,724 | | |
| | 3 | = | | nd assessments | | | | 3 | + | 233,124 | | |
| | 4 | Investment in | | ind assessments | | | | 4 | +- | 16 | | |
| | | | | sale of assets other than inventory | | • • | • • • • • | | +- | | | |
| | 1 | | | pasis and sales expenses | - | | | | 1 | | | |
| R | ſ | | | ale of assets other than inventory (Subtract line 5b from line 5a) | | | | 5c | 1 | | | |
| е | 6 | | | ities (complete applicable parts of Schedule G) If any amount is from gaming, | | | | | 1 | | | |
| v e | а | | | including \$ of contributions | | | | | | | | |
| n | ŀ | | | | a | | | | 1 | | | |
| e | ь | - | | nses other than fundraising expenses 6b | | | | | 1 | | | |
| | 1 | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | | | | | | | 1 | | | |
| | 1 | | | tory, less returns and allowances | , | | | | | | | |
| | Ь | Less cost of | goods | sold | ь | | | ĺ | 1 | | | |
| | С | Gross profit of | or (loss) | from sales of inventory (Subtract line 7b from line 7a) | | | | 7с | | | | |
| | 8 | Other revenu | ie (desc | ribe ► STM141 | | |) | 8 | | 3,487 | | |
| | 9 | Total revenu | ue. Add | Ilines 1, 2, 3, 4, 5c, 6c, 7c, and 8 RECEIVED. | | | ▶ | 9 | | 297,981 | | |
| | 10 | Grants and s | imilar a | mounts paid (attach schedule) | | | | 10 | | | | |
| Ε | 11 | Handlife hald to or for members I/O/I I/O/I | | | | | | 11 | | | | |
| X | 12 | Salaries, other | er comp | ensation, and employee benefits . IAN 0.4 2013. | | | | 12 | | 69,602 | | |
| e | 13 | Professional | foor on | d other navments to independent contractors | | | | 13 | | 31,640 | | |
| n S | 14 | Occupancy, rent, utilities, and maintenance OGDEN, UT | | | | | 14 | _ | 174,923 | | | |
| e | 15 | i initing, pub | ilication. | s, postage, and simpling | • • • • | ٠. | | 15 | - | 1,514 | | |
| - | 16 | • | | scribe > STM130 | | |) | 16 | | 4,776 | | |
| | 17 | l otal expens | ses. Ad | dd lines 10 through 16 | • • • • | • • | · · · · · <u></u> | 17 | | 282,455 | | |
| A | 18 | | | r the year (Subtract line 17 from line 9) | | | • • • • • | 18 | + | 15,526 | | |
| NS es | 19 | | | alances at beginning of year (from line 27, column (A)) (must agr | | | | 40 | 1 | | | |
| e e t t | 20 | - | - | eported on prior year's return) | | | | 19 20 | \rightarrow | | | |
| s | 21 | _ | | alances at end of year Combine lines 18 through 20 | | | | 21 | | 15 526 | | |
| P | art II | | | its. If Total assets on line 25, column (B) are \$1,250,000 or mo | | | | | | 15,526 0-F7 | | |
| E | 414 | Balance | | (See the instructions for Part II) | ore, me i | | A) Beginning of ye | | 11 33 | (B) End of year | | |
| 22 | Cash | n savings and | | ments | | Η' | ry Degining of ye | ·ai | 22 | 3,767 | | |
| 23 | | | | | | - | | | 23 | 5,850 | | |
| 24 | | | | STM131 |) | | | | 24 | 17,860 | | |
| 25 | Total | l assets | | | _ . | | | 0 | 25 | 27,477 | | |
| 26 | | l liabilities (de | | |) | | | | 26 | 11,951 | | |
| 27 | | | | ces (line 27 of column (B) must agree with line 21) | - . | | | 0 | 27 | 15,526 | | |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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|---|--|--|--|------------------|--|
| Form 990-EZ (2009) THE FATHERS HOUSE | | | 16-1 | 75765 | 57 Page 2 |
| Part III Statement of Program Service Acco | mplishments (See the | instructions for Part III | | 73703 | Expenses |
| What is the organization's primary exempt purpose? PROVIDI | | | | | ired for section |
| Describe what was achieved in carrying out the organization's | | | | | (3) and 501(c)(4) |
| manner, describe the services provided, the number of person | s benefited, or other releva | ant information for | | | zations and section a)(1) trusts, optional |
| each program title | | | _ | for oth | |
| 28 PROVIDE COMPREHENSIVE REHABILITATION S | SERVICES TO 75 PER | RSONS | | | |
| NEEDED TO OVERCOME LIFE CONTROLLING PR | OBLEMS SUCH AS DR | RUG, | | | |
| ALCOHOL, AND SEXUAL ADDICTIONS, AND BE | HAVIORAL ISSUES. | | | | |
| | ount includes foreign grant | s, check here | . <u>↓</u> | 28a | 282,455 |
| 29 | | | | | |
| | | | | • | |
| (O | | | | | |
| | ount includes foreign grants | s, check here | · · · · ▶ <u> </u> | 29a | |
| 30 | | | | | |
| | | | | | |
| (Grants \$) If this amo | ount includes foreign grant | s chack hara | | 30a | |
| 31 Other program services (attach schedule) | ount includes foreign grant. | s, check here | · · · · · <u> </u> | 302 | |
| | ount includes foreign grants | s. check here | ▶ □ | 31a | |
| 32 Total program service expenses (add lines 28a through | | | | 32 | 282,455 |
| Part IV List of Officers, Directors, Trustees, and Key | | | | | |
| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contribution employee benefit posteried compen | ns to plans & | (e) Expense account and other allowances |
| GARY D JENNINGS | EXECUTIVE DIREC | | | | |
| 1875 JOAN TRAIL DONALDSON AR, 71941 | 40 | \ o | , | o | 0 |
| VAN GLIDEWELL | BOARD MEMBER | | | | |
| 3408 MALVERN RD HOT SPRINGS AR, 71901 | 1 | 0 | <u> </u> | 0 | 0 |
| KEVIN JESTER | TREASURER | | | | |
| 2749 PINE ST STE D ARKADELPHIA AR, 71923 | 1 | c |) | 0 | 0 |
| BRENDA WOODARD | SECRETARY | | | | |
| 104 LEGACY LANE HOT SPRINGS AR, 71901 | 1 | |) | 0 | 0 |
| GARY THORNTON | BOARD MEMBER | | | | |
| 311 BOB HALL RD MALVERN AR, 72104 | 1 | 0 |) | 0 | 0 |
| NORMA GILLOM | BOARD MEMBER | | | | |
| 144 WALCO LANE MALVERN AR, 72104 | 1 | |) | 이 | |
| BECKY ARGUELLO | BOARD MEMBER | _ | | | _ |
| 105 ELICE CIRCLE HOT SPRINGS AR, 71913 | 1 | 0 | <u> </u> | 0 | |
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| Pa | ort V Other Information (Note the statement requirements in the instructions for Part V.) | , <u>, , , </u> | · · · | aye 3 | | |
|------|--|--|-------|-------|--|--|
| | | | 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 | 33 | | Х | | |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of | | | | | |
| | the changes | 34 | | 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 why the organization did not report the income on Form 990-T | | | | | |
| а | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section | | | | | |
| | 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X | | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | 35ь | | | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | | | |
| | during the year? If "Yes," complete applicable parts of Schedule N | 36 | · | X | | |
| | Enter amount of political expenditures, direct or indirect, as described in the instructions \(\begin{array}{c} 37a \end{array}\) | | | | | |
| | Did the organization file Form 1120-POL for this year? | 37b | | X | | |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were | 1 | | | | |
| _ | any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | | X | | |
| | If "Yes," complete Schedule L, Part II and enter the total amount involved |] | | | | |
| 39 | Section 501(c)(7) organizations Enter | | | | | |
| | Initiation fees and capital contributions included on line 9 |] | | | | |
| | Gross receipts, included on line 9, for public use of club facilities | | | | | |
| 40 a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under | 1 1 | | | | |
| | section 4911 ▶ , section 4912 ▶ , section 4955 ▶ | 1 | | | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit | 1 | | | | |
| | transaction during the year or is it 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 Schedule L, Part i | 40b | , | X | | |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on | | | | | |
| | organization managers or disqualified persons during the year under sections 4912, | | | | | |
| | 4955, and 4958 | | | | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c | | | | | |
| | reimbursed by the organization | | | | | |
| е | 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 | 40e | | _X_ | | |
| 41 | List the states with which a copy of this return is filed AR | | | | | |
| 42 a | The organization's books are in care of ▶ GARY JENNINGS Telephone no ▶ | | | | | |
| _ | Located at ▶ PO BOX 382 DONALDSON, AR ZIP+4 ▶ 7194 | 1 | | | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority | r | | | | |
| | over a financial account in a foreign country (such as a bank account, securities account, or other financial | | Yes | No | | |
| | account)? | 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 Foreign Bank | | | | | |
| | and Financial Accounts. | 1 | | | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 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 | | . • | L | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | | | |
| | | r | | | | |
| | Delaharan ada ada ada ada ada ada ada ada ada a | , | Yes | No | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of | | | | | |
| 45 | Form 990-EZ | 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 | | |
| | | arm 00 | | | | |

| acandidates for public office? If "Yes," complete Schedule C, Part II | Form 990 Part V | Section 501(c)(3) org | ATHERS HOUSE Janizations an | d section 4947(a)(1 | l) nonexempt ch | aritable trusts only | 757657 7. All section | on I | Page 4 |
|---|--------------------|-----------------------------------|---------------------------------------|--------------------------------|------------------------------|--|--------------------------|-------------|-------------|
| 46 Did the organization engage in direct or indirect political campaging activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II. 46 X | | | |) nonexempt charitable ti | usts must answer qu | estions 46-49b | | | |
| acandidates for public office? If Yes, complete Schedule C, Part II. 46 IX 47 Del the organization capitage in biobying activities? If Yes, complete Schedule C, Part III. 47 IX 48 Is the organization as achool as described in section 170(b)(1(A/N))? If Yes, complete Schedule E 48 IX 49 a Did the organization capitage in biobying activities? If Yes, was the related organization as exempt non-charitable related organization? 48 IX 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustee and key employees) who each received more than \$100,000 of compensation from the organization if the related organization is five highest compensated employees (b) of the than officers of the properties of the pr | | | | - | | | | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | | | | | | | No |
| the complete this table for the organization as excellent 70(b) 11(b) 11 | | | | | | | | | |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | | | | |
| b If Yes, was the related organization a section 52 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, inustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is now, enter 'None' (a) Name and address of each employee paid more than \$100,000 of compensation from the organization. If there is now, enter 'None' (b) Titls and surges devoted to position than \$100,000 of compensation from the organization of the strength of the organization of the strength of the strength of the organization of the organ | 48 is t | he organization a school as des | scribed in section 1 | 70(b)(1)(A)(ıı)? If "Yes," o | complete Schedule E | • • • • • • • • • • • • • | 48 | | |
| Total number of other employees paid over \$100,000 to compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received more than \$100,000 of compensation from the organization of the received devoted to position 1 Total number of other employees paid over \$100,000 ► 1 Total number of other employees paid over \$100,000 ► 1 Total number of other employees paid over \$100,000 ► 1 Total number of other employees paid over \$100,000 ► 2 (a) Rame and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 1 Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 1 Total number of other independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 2 Nonze 3 Total number of other independent contractors each receiving over \$100,000 (b) Type of service (c) Compensation 3 Total number of other independent contractors each receiving over \$100,000 (c) Type of service (c) Compensation 4 Total number of other independent contractors each receiving over \$100,000 (c) Type of service (c) Compensation 5 Total number of other independent contractors each receiving over \$100,000 (c) Type of service (c) Compensation 5 Total number of other independent contractors each receiving over \$100,000 (c) Type of service (c) Compensation 6 Total number of other independent contractors each receiving over \$100,000 (c) Type of service (c) Compensation 6 Total number of other independent contractors each receiving over \$100,000 (c) Type of service (c) Compensation of the best of my knowledge and tell individual part tells in the best of my knowledge and tells in the part of the best of my knowledge of the thin office) is based on all information of which prepare has any knowledge and tells in the part of the best of my knowledge of the part | 49 a Did | the organization make any tran | nsfers to an exemp | t non-charitable related | organization? | • • • • • • • • • • • • | 49a | | |
| employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 Properties and employee paid more than \$100,000 Properties account and other allowances of the employee paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each receiving over \$100,000 f Total number of other independent contractors each received more independent contractors who each received more than \$100,000 f Total number of other independent contractors each received more independent contractors who each received more independent contra | | | | | | | | 1 | <u> </u> |
| (a) Name and address of each employee paid more than \$100,000 Compensation Co | | | | | | | ey | | |
| A Name and address of each employee paid more hours per week deviced to position deferred compensation other allowances | em | ployees) who each received mo | ore than \$100,000 | | | | | | |
| f Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation. NONE (b) Type of service (c) Compensation. (c) Compensation. (c) Compensation. (d) Compensation. (e) Compensation. (f) Total number of other independent contractors each receiving over \$100,000 | | | ee paid more | hours per week | (c) Compensation | employee benefit plans & | acc | ount and | i |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it its true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Preparer's GARY D JENNANGS, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature Preparer's signature ROBERT REID PA If self-employed is employed, address, and ZIP + 4 ALLVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | NONE | | | | | | | | |
| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it its true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Preparer's GARY D JENNANGS, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature Preparer's signature ROBERT REID PA If self-employed is employed, address, and ZIP + 4 ALLVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | | | | | | | | | |
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| Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it its true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Preparer's GARY D JENNANGS, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature Preparer's signature ROBERT REID PA If self-employed is employed, address, and ZIP + 4 ALLVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | | | | | | | | | |
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| \$100,000 of compensation from the organization of there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 | f Total | al number of other employees p | paid over \$100,000 | > | | <u> </u> | | | |
| (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 | 51 Cor | mplete this table for the organiz | ation's five highest | compensated independ | ent contractors who | each received more than | | | |
| d Total number of other independent contractors each receiving over \$100,000 ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge Signature quefficer GARY D JENNITNGS, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature or preparer is signature or preparer is signature. Preparer's signature or preparer is signature. Trype or print name and title Preparer's signature. ROBERT REID PA 1721 MLK BLVD STE Q MALVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | | | | | | | | | |
| d Total number of other independent contractors each receiving over \$100,000 ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge Signature quefficer GARY D JENNITNGS, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature or preparer is signature or preparer is signature. Preparer's signature or preparer is signature. Trype or print name and title Preparer's signature. ROBERT REID PA 1721 MLK BLVD STE Q MALVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | | | • | | | | | | |
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| d Total number of other independent contractors each receiving over \$100,000 ▶ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belefit is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here GARY D JENNYNGS, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature Firm's name (or yours if self-employed), address, and ZIP+4 T721 MLK BLVD STE Q MALVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | | | | | | | | | |
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| And belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Comparison of the preparer has any knowledge | d Tota | al number of other independent | contractors each | receiving over \$100,000 | · · · · - | ······································ | | | |
| And belief it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Comparison of the preparer has any knowledge | | | | | | | | | |
| Sign Here Signature of officer Date | | Under penalties of perjury, | i declare that i have e | xamined this return, including | accompanying schedule | s and statements, and to the b | est of my know | owledge | |
| Here Signature of ficer Date | 0 | | C | Property | Torricery is based on all in | 1 | ias arry know | leage | |
| GARY D JENNIFINGS, EXECUTIVE DIRECTOR Type or print name and title Preparer's signature Preparer's Signature Preparer's Home (or yours if self-employed), address, and ZIP + 4 Preparer's Preparer's Date Check if self-employed Preparer's Identifying No (See inst.) Preparer's Date | | - Cura | Am | ~gr | | | | | |
| Type or print name and title Paid Preparer's signature Preparer's Signature Preparer's Use Only Preparer's ROBERT REID PA 1721 MLK BLVD STE Q MALVERN, AR 72104-2086 Preparer's Identifying No (See inst) Self-employed Preparer's Identifying No (See inst) Preparer's Identifying | Here | | U | \mathcal{O} | | Date | | | |
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| Paid Preparer's Use Only Preparer's ROBERT REID PA 1721 MLK BLVD STE Q MALVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | | ype or print name and title | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Use Only 1721 MLK BLVD STE Q MALVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | Paid | | Reil | | | self- 📉 ' | s Identifying I | No (See | inst) |
| Use Only if self-employed), address, and ZIP + 4 | Preparer' | S Firm's name (or yours A | ROBERT REII | PA | | EIN > | | | |
| MALVERN, AR 72104-2086 Phone no ▶ 501-332-5507 | Use Only | if self-employed), | 1721 MLK F | SLVD STE Q | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | address, and ZIP + 4 | MALVERN, AF | 72104-2086 | | Phone no ► 501- | 332-550 | 7 | |
| may the title disease this fetting with the preparet shown above. See instructions | May the If | RS discuss this return with the p | preparer shown ab | ove? See instructions | | | ► ☐ Ye | s 🗓 | No |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number THE FATHERS HOUSE 16-1757657 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 П 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 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 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I **b** Type II c Type III-Functionally integrated e 📗 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(ī) 11q(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 ın col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the support? (see instructions)) Yes No Yes No Yes No

Total

16-1757657 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (d) 2008 (b) 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . 38,126 38,126 Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 38,126 38,126 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) Public support. Subtract line 5 from In 4 38,126 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 38,126 38,126 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar sources 16 16 Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)....... 11 Total support. Add lines 7 through 10 . 38,142 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ▶ 🔲 b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

| P | art III Support Schedule for Or | | | Section 509(a) | (2) | | |
|----------|--|---------------------------------------|---------------------|---------------------------------------|---------------------|------------------|------------|
| _ | (Complete only if you checked th | e box on line 9 of | Part I) | | | | |
| _ | ction A. Public Support | T 7. | | (- | | | |
| Cal | lendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 | | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus under sec 513 | | | | | | |
| 4 | Tax revenues levied for the organization'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 | | | | | | |
| | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | |
| | ction B. Total Support | · · · · · · · · · · · · · · · · · · · | | | | | |
| _ | endar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 10a | Amounts from line 6 | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| с 11 | Add lines 10a and 10b | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | | | , | | | |
| | First five years. If the Form 990 is for the o organization, check this box and stop here | <u></u> | | irth, or fifth tax yea | ar as a section 501 | (c)(3) ······ | . 🗎 |
| | ction C. Computation of Public Su | | | (3) | | 1 1 | |
| 15 | Public support percentage for 2009 (line 8, | | | | | | |
| 16 | Public support percentage from 2008 Sched | dule A, Part III, line | e 15 <u>.</u> | · · · · · · · · · · · · · · · · · · · | | 16 | |
| | ction D. Computation of Investme | | | . (3) | | 1 1 | |
| 17 10 | Investment income percentage for 2009 (line | | | | | | |
| 18 | Investment income percentage from 2008 S | | | | | l——— | |
| | 33 1/3% support tests - 2009. If the organi 17 is not more than 33 1/3%, check this box | and stop here. | The organization of | qualifies as a publi | cly supported orga | inization | ▶ □ |
| | 33 1/3% support tests - 2008. If the organi line 18 is not more than 33 1/3%, check this | box and stop he | re. The organizati | on qualifies as a p | oublicly supported | organization | ▶ □ |
| 20 | Private Foundation: If the organization did | not chack a how | an lina 1/1 10a ar | 10h chock this h | av and ass materia | tions | . □ |

| Name(s) as shown on return | Federal Supporting Statem | nents 2009 |
|---|---|------------------------|
| | Form 990EZ, Part I, Lin Other Expenses Schedule | |
| <u>Description</u> SUPPLIES | | <u>Amount</u> 4,776 |
| Total | = | 4,776 |
| Description FURNITURE AND EQU | Form 990EZ, Part II, Lin Other Assets Schedule Beginnin of Year | <u>3</u> g |
| Description NOTE PAYABLE Total | Form 990EZ, Part II, Lin Other Liabilities Schedu Beginnin of Year | <u>le 3</u> g |
| <u>Description</u> REIMBURSEMENTS Total | Form 990EZ, Part I, Lin Other Revenues Schedule | |

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