

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

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150
2020
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning 01-01-2020, and ending 12-31-2020

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FF FRATERNITY INC	D Employer identification number 47-4620441
	Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 1433 CORTEZ COURT	E Telephone number (925) 930-7284
	City or town, state or province, country, and ZIP or foreign postal code WALNUT CREEK, CA 94598	F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no.) 4947(a)(1) or 527

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

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 48,428

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	37,158
	2 Program service revenue including government fees and contracts	2	11,228
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	42	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	48,428	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	629
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	18,707
	17 Total expenses. Add lines 10 through 16 ▶	17	19,336
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	29,092
	Net Assets	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
20 Other changes in net assets or fund balances (explain in Schedule O)		20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	210,490

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

42a The organization's books are in care of MICHAEL KING Telephone no. (925) 930-7284
Located at 1433 CORTEZ COURT WALNUT CREEK, CA ZIP + 4 94598

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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 preparer (other than officer) is based on all information of which preparer has any knowledge.

***** Signature of officer	2021-03-22 Date
MICHAEL KING Secretary Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Oliver Laiming Ko	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00394040
	Firm's name ▶ FONG KO & ASSOCIATES LLP			Firm's EIN ▶ 20-4014608	
	Firm's address ▶ 1510 FASHION ISLAND BLVD STE 200 SAN MATEO, CA 94404			Phone no. (650) 286-9966	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 20011551
Software Version: 2020v4.0
EIN: 47-4620441
Name: FF FRATERNITY INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 THE OBJECTIVE AND PURPOSE OF THE FRATERNITY IS TO CULTIVATE FRATERNAL COMRADESHIP; TO UPHOLD A HIGH STANDARD OF CONDUCT IN PRIVATE AND PUBLIC LIFE; TO ENCOURAGE A HIGH STANDARD OF ACHIEVEMENT AND TO ASSIST, BY ALL HONORABLE MEANS, IN THE ADVANCEMENT OF THE FF BROTHERS IN THEIR WORKS.THE FRATERNITY HAS ALWAYS BEEN STUDIOUSLY NON-POLITICAL. IT IS ONE OF THE PHILOSOPHIES THAT CONTRIBUTES TO THE PERPETUITY OF THE FRATERNITY.THE MOTTO OF THE FRATERNITY IS "FELLOWSHIP AND SERVICE," THAT IS, TO PROVIDE FELLOWSHIP AMONG FRATERNITY BROTHERS AND TO PROVIDE SERVICE TO THE FRATERNITY AND ITS BROTHERS.</p> <p>(Grants \$ 14,345) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service
Name of the organization
FF FRATERNITY INC**Employer identification number**

47-4620441

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue.1	CASH BACK \$42

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1012	Insurance \$2003

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	CNY PARTY \$6230

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	SHIRT COST \$4125

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	WEBSITE AND APP EXPENSE \$2133

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	SOCIAL EVENTS \$1679

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	RECRUITING EXPENSE \$840

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.6	GOLF EXPENSE \$669

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	FELLOWSHIP AND SOCIAL EXP \$306

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.8	OTHER EVENT EXPENSE \$270

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.9	REUNION EXPENSE \$226

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.10	BUSINESS MEETING \$85

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.11	MISCELLANEOUS \$81

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.12	FILING FEE \$60

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1005	Accounts Receivable - Beginning \$4775 Accounts Receivable - Ending \$9851

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1011	Prepaid Expenses and Deferred Charges - Beginning \$244 Prepaid Expenses and Deferred Charges - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1001	Accounts Payable and Accrued Expenses - Beginning \$2321 Accounts Payable and Accrued Expenses - Ending \$1400

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	COMMUNITY SERVICE LIABILITY - Beginning \$4046 COMMUNITY SERVICE LIABILITY - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.2	R TING FUND - Beginning \$4010 R TING FUND - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.3	SPECIAL FF FUND - Beginning \$596 SPECIAL FF FUND - Ending \$0