May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 9

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A	For th	ne 2017 c	alendar year, or tax year beg	ginning 07-01-2017 $$, and ending 0	6-30-2018						
B Check if applicable Address change Name change Initial return Final return/terminated Amended return Application pending			CHARGE OF SEGMENTS AND FAMI		D Employer identification number 68-0310997						
		eturn	Doing business as	- 0003	10,5,7						
		ed return	Number and street (or P O box if		E Telephone number (916) 568-3237						
			City or town, state or province, or SACRAMENTO, CA 95815	ountry, and ZIP or foreign postal code			receipts \$ 2				
			F Name and address of princi	pal officer	H(a)	Is this a group r					
			RICHARD JENNINGS II			subordinates?		☐Yes ☑No			
	3V-0V0	mpt status				Are all subordina included?	ates	☐ Yes ☐No			
P. A.		No.	W FATHERSANDFAMILIES COM	◀ (insert no)		If "No," attach a Group exemptio	Section States and the Catalon				
K For	m of o	rganization	☑ Corporation ☐ Trust ☐ As	sociation Other •	L Year o	of formation 1994	M State	of legal domicile CA			
Pa	art I	Sumi	mary								
	1	Briefly des	cribe the organization's mission	or most significant activities							
Ce	TO STRENGTHEN FAMILIES AND BUILD COMMUNITIES THROUGH RE-ESTABLISHING THE IMPORTANT INSTITUTION OF FATHERHOOD										
neu						The Market Co.		The second second			
ие/											
05	2	Check this	s box > U if the organization of	iscontinued its operations or disposed o	of more than	25% of its net	assets 3	1			
20				of the governing body (Part VI, line 1b)			4	14			
65	S DUG			calendar year 2017 (Part V, line 2a) .	- 1. 1.		5	200			
I To Wet Assets or Expenses Rayenue Activities & Governance or Lind Balances or Expenses or Covernance or Covernan	Constant						6	200			
			7a	0							
	1		ated business taxable income fro		7b	0					
		rice dili cia	ned dashess taxable meome ne	511 TOTAL 350-1, INTE 34	Prior Year 2,528,87 26,95 17d)	1,0	Current Year				
	8	Contribute	ons and grants (Part VIII, line 1	h)			974				
u u			service revenue (Part VIII, line 2								
97.0	- 5/		nt income (Part VIII, column (A)				0				
æ	1		enue (Part VIII, column (A), line								
	200 F			ust equal Part VIII, column (A), line 12	,	2,597,		2,450,260			
			d similar amounts paid (Part IX,				0				
			aid to or for members (Part IX,		0						
ç	1			enefits (Part IX, column (A), lines 5-10))	2,112,	712	1,981,957			
186	200		al fundraising fees (Part IX, col	14.00 Paggar	0						
Бкре			ising expenses (Part IX, column (D),								
	17	Other expe	enses (Part IX, column (A), lines	s 11a-11d, 11f-24e)		409,	719	366,921			
	200			ual Part IX, column (A), line 25)		2,522,	431	2,348,878			
	19	Revenue le	ess expenses Subtract line 18 f	rom line 12		74,	957	101,382			
ances				Begin	nning of Current Y	ear	End of Year				
B Chan I To We Belances Expenses Revenue Activities & Governance I To Many Belances Revenue Activities & Governance I To Many Research I To Many R	20	Total asset	ts (Part X, line 16)	e e e e e i di piere.	=19 Prike	1,946,	108	2,142,669			
	21	Total liabili	ities (Part X, line 26)			VIII WILL		79,331			
Zű	22	Net assets	or fund balances Subtract line	1,946,	108	2,063,338					
	t II		ture Block				- 11	4 1 1 (
				nined this return, including accompanying Declaration of preparer (other than o							
iny ki	nowle	dge									
		A				2019-06-15					
Sign		Signature	e of officer			Date					
-		RICHARD	JENNINGS II DIRECTOR								
			orint name and title								
			nt/Type preparer's name	Preparer's signature CRAIG R FECHTER CPA	Date 2019-05-29		TIN				
Paid			AIG R FECHTER CPA	self-employed							
reparei			n's name FECHTER & COMPANY		EIN ► 20-8710580						
V-2	Onl	Firm	n's address ► 3445 AMERICAN RIVER	R DRIVE SUITE A		Phone no (916)	333-5360				
			SACRAMENTO, CA 95	8645744							
lav th	A TRS	discuss th	as return with the preparer show	wn above? (see instructions)			VV	es TNo			

and Independent Contract Check if Schedule O contains a re		to any I	ine in	the	s Pa	rt VII	•			
Section A. Officers, Directors, Trust	ees, Key Em	ployee	es, a	nd	Hic	hest	Cor	npensated Em	ployees	
1a Complete this table for all persons required										ganization's tax
 List all of the organization's current office 										
of compensation Enter -0- in columns (D), (E),	and (F) if no co	mpens	ation	was	pai	d				
 List all of the organization's current key er List the organization's five current highest 	nployees, if any	See in	struc	tion	s fo	r defin	ition	of "key employee		
who received reportable compensation (Box 5 of	f Form W-2 and	or Box	7 of	For	m 1	099-M	ISC)	of more than \$100	0,000 from the	
 organization and any related organizations List all of the organization's former officers 	key employee	c or bu	abact		200			lovees whe reserv	ad mara than \$100	
of reportable compensation from the organization	on and any relat	ed orga	nızat	ions	5					
 List all of the organization's former direct organization, more than \$10,000 of reportable 	ors or trustees	that re	ceive	ed, 1	n th	e capa	city .	as a former directo	or or trustee of the	
List persons in the following order individual tr	ustees or directo									
compensated employees, and former such pers	ons									
LI Check this box if neither the organization in		rganiza	tion o	100		sated a	any c		ctor, or trustee	
(A) Name and Title	(B) Average	Position (do not check more than one box, unless person					ore	(D) Reportable	(E) Reportable compensation	(F) Estimated amount of other
	hours per week (list						son	compensation from the		
	any hours	is both an officer and a director/trustee)						organization	from related organizations	compensation from the
	for related organizations	25 5 Q			Ke eng Fo			(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related
	below dotted	Individual trustee or director	Institutional	Officer	en	Highes	Former			organizations
	11116)	ual :	uen		employee	8 6	-			
		เรา	31 1		99	mp				
	21.7	4.	Trustee		-	Highest compensat				
			4.	1		E				
(1) PEDAR BRUCE	2 00		7	- 3	a.					de la compania de la
PRESIDENT	***************************************			X				0	0	(
(2) DAVID SMITH	2 00			1						134162-2
VICE PRESIDE				X				0	0	
(3) SCOTT ROBERTSON	2 00	-11			2.1					
SECRETARY			4	X				0	0	(
(4) JOE BITTAKER	2 00	200	V C				200			
TREASURER			148	X				0	0	C
(5) JEROME BEHRENS	2 00			1 1	5.17	r out				
DIRECTOR				X	7			0	0	0
(6) JOHN COSTA	2 00									
DIRECTOR				X				0	0	O
(7) GALEN DUNCAN	2 00		Car I			100				Andreas Services
DIRECTOR				Х				0	0	0
(8) RANDY HENDERSHOT	2 00		57		7.7	- 1				
DIRECTOR				Х				0	0	0
(9) SUSAN IRWIN	2 00		7							
DIRECTOR			. 1	Х				0	0	0
	40 00		-							
(10) RICHARD JENNINGS II				X				97,350	0	0
DIRECTOR	2 00		\dashv	-			-			
11) JOHNNY PEREZ				х	- "			0	0	0
DIRECTOR	2 00					4	+			
(12) SANDRA ROSE	2 00	-		x				o	0	0
DIRECTOR					_		_			
13) JUSTIN WARD	2 00			x				0	0	0
DIRECTOR							11			
14) JOSEPH YOST	2 00	[x				0	0	0
DIRECTOR			- 1	~	- 1	1		٥	9	0