Form **990-EZ**

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. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Roadway Company Comp		ar year, or tax year beginning AUG 1	, 2022, and ending	<u> 10r 3r</u>	, 2023
Number and state (or P.O. low if mail is not delivered to street address)	B Check if applicable:	Name of organization		D Employer	identification number
The part Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 5073278001					
Figure Part					
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	iiiida rotarri	,	Room/suite		
Number Naplacetion peeding MADISON LAKE, MN 56063	l Iterminated P			5073	278001
Recounting Method: X Cash	Amended return City	ty or town, state or province, country, and ZIP or foreign postal code		F Group Exe	emption
Website: HTTPS://TFRM.ORG/	Application pending M	MADISON LAKE, MN 56063		Number	
Tax-exempt status (check only one)				H Check	X if the organization is
Form of organization: X Corporation Trust Association Other	I Website: HTT	PPS://TFRM.ORG/		not requir	ed to attach Schedule B
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)) are \$500,000 or more, file Form 990 in Net Assets or Fund Balances (see the instructions for Part I)	J Tax-exempt status (c	check only one) $ X$ 501(c)(3) $-$ 501(c) () (insert no.)	4947(a)(1) or 527	(Form 990)).
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part	K Form of organization:	: X Corporation Trust Association	Other		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L Add lines 5b, 6c, and	The to line 9 to determine gross receipts. If gross receipts are \$200,000 or	more, or if total assets (Part	II,	
Check if the organization used Schedule 0 to respond to any question in this Part	<u>column (B)) are \$500</u>	0,000 or more, file Form 990 instead of Form 990-EZ		\$	17,732.
1 17,732.	Part I Revenu	ue, Expenses, and Changes in Net Assets or Fund	Balances (see the instr	uctions for Pa	rt I)
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross sincome and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7 Ta 8 Other revenue (describe in Schedule 0) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 17, 732. 10 Grants and similar amounts paid (list in Schedule 0) 11 Benefits paid to or for members 11 1 12 Salaries, other compensation, and employee benefits 12 1 13 Professional fees and other payments to independent contractors 13 4, 257. 14 Occupancy, rent, utilities, and maintenance 14 1, 287. 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the vaer (subtract line 17 from line 9) 18 3, 288.	Check if the	e organization used Schedule O to respond to any question in this Part I			
3 Membership dues and assessments 3 4	1 Contributions	s, gifts, grants, and similar amounts received		1	17,732.
4 Investment income 5a Gross amount from sale of assets other than inventory 5 (a Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 (a Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) b (a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 (a Gross sincome from fundraising events (not including \$\frac{1}{2}\$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6 (a Gross sincome from gaming and fundraising events 6 (a Net income or (loss) from gaming and fundraising events 7 (a Gross sales of inventory, less returns and allowances 7 (a Gross sales of inventory) (subtract line 7b from line 7a) 7 (a Gross sales of inventory) (subtract line 7b from line 7a) 7 (b Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7 (c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 (b Her revenue (describe in Schedule 0) 8 (a Grants and similar amounts paid (list in Schedule 0) 10 (a Grants and similar amounts paid (list in Schedule 0) 11 (a Grants and similar amounts paid (list in Schedule 0) 12 (a Grants and similar amounts paid (list in Schedule 0) 13 (a Grants and similar amounts paid (list in Schedule 0) 14 (a Cocupancy, rent, utilities, and maintenance 14 (a 1, 287, 14) 16 (b Cher expenses (describe in Schedule 0) 17 (b Grants and similar amounts paid (list in Schedule 0) 18 (b Excess or (delicit) for the year (subtract line 17 from line 9) 18 (b Excess or (delicit) for the year (subtract line 17 from line 9)	2 Program serv	vice revenue including government fees and contracts		2	
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18 Excess or (deficit) for the year (subtract line 17 from line 9)					
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 1,524.					
(must agree with end-of-year figure reported on prior year's return) 19 1,524	y 19 Net assets or				2,2301
(mass agree what one or your injure reported on prior your stream)	(must agree)			10	1.524.
6 120 Other changes in net assets or fund halances (explain in Schedule (1)	20 Other change				0.
20 Other changes in net assets or fund balances (explain in Schedule U) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 4 , 812	Ž 1 Net assets or	, , , , , , , , , , , , , , , , , , , ,			4,812.
200 57		eduction Act Notice, see the separate instructions.		. 41	Form 990-EZ (2022)

Pa	rt II	Balance Sheets (see the instructions for Part II)						
		Check if the organization used Schedule O to res	pond to any ques	tion in this Part II				
				(A) Beginning of year			(B) En	d of year
22	Cash,	savings, and investments		1,524	. 22	2		4,812.
23	Land	and buildings			23	3		
24		assets (describe in Schedule 0)			24	1		
25		assets		1,524	. 25	5		4,812.
26	Total	liabilities (describe in Schedule O)) • 26	3		0.
27	Net a	ssets or fund balances (line 27 of column (B) must agree with line 21)		1,524	. 27	<u>' </u>		4,812.
Pa	rt III	Statement of Program Service Accomplishmen	,	,		. ,_		enses _.
		Check if the organization used Schedule O to res		tion in this Part III	X			or section nd 501(c)(4)
Wha	t is the o	organization's primary exempt purpose? SEE SCHEDULE C)			_ orgar	nízaťior	ns; optional for
		ganization's program service accomplishments for each of its three largest program s		enses. In a clear and concise		other	s.)	
		be the services provided, the number of persons benefited, and other relevant informa				1		
		OWERING FATHERS TO STAND UP FOR						
		CATE THE PUBLIC AND FAMILY COURT	SYSTEM ABO	UT THE				
		ORTANCE OF FATHERS IN SOCIETY.			_	,		4 006
	(Grants		grants, check here			28a		4,906.
29	SULC	CIDE PREVENTION						
					_	, _		2 (72
	(Grants) If this amount includes foreign	grants, check here			29a		2,673.
30								
					_	, _		
	(Grants		•			30a		
	•							
	(Grants	, ,				31a		7 570
	Total p rt IV	program service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key E	mnlovees			32		7,579.
Pa	ILLIA				see the	instruction	ons for F	Part IV)
		Check if the organization used Schedule O to res			(4)		T	
		/ AM 189	(b) Average hours	compensation (Forms	` ćon	ealth ben tributions	s to	(e) Estimated amount of other
		(a) Name and title	position	1099-NEC)	plans	loyee ber , and defe	erred	compensation
<u></u>	CEN	COMEDC	F	(if not paid, enter -0-)	со	mpensatio	on	
		SOWERS TIVE DIRECTOR		0.			0.	0
			5.00	0.			<u> </u>	0.
		JAYCOX					_	0
		DENT R RICHARDSON	5.00	0.			0.	0.
		PRESIDENT	5.00	0.			0.	0.
		THA DICKERSON	3.00	<u> </u>			٠٠	0.
		ARY	5.00	0.			0.	0.
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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part	v Yes	No.
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		163	140
•	activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	37 /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	A
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	05-		Х
36	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c		
00	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		Х
	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 outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	_		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a N/A 39b N/A	-		
b 4∩a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	_		
70 u	section 4911 ; section 4912 ; section 4955			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 •			
۵	by the organization			
-	transaction Q If "Was " complete Form 000C T	40e		х
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of MARK JAYCOX Telephone no. 507327	800	1	
	Located at PO BOX 97, MADISON LAKE, MN ZIP+4	606	3	
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		Yes	
	account)? If "Yes," enter the name of the foreign country	42b		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		х
	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			
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
			N	.
	Didd of the control o		Yes	NO
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	440		Х
h	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		
J	of Form 990-EZ	44b		Х
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule 0	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	4		
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	00 57	(2022)
		Form 9	an-ET	(2022)

								Yes	No
46		rganization engage, directly or indirectly, in political campaign activities	s on behalf of	or in oppositio	n to candidates for pu	blic office?			
De		complete Schedule C, Part I					46		<u> </u>
Pa		Section 501(c)(3) Organizations Only	10h and 50 .			50 and 51			
		All section 501(c)(3) organizations must answer questions 47-2 Check if the organization used Schedule O to respond to any		-					
		Check if the organization used Schedule O to respond to any	question in t	ilis Fait VI .				Yes	No
47	Did the o	rganization engage in lobbying activities or have a section 501(h) elect	ion in effect d	uring the tax ye	ear?				
	If "Yes," o	complete Sch. C, Part II					47		X
48	Is the org	panization a school as described in section 170(b)(1)(A)(ii)? If "Yes," co	omplete Sched	lule E			48		Х
49 a	Did the o	rganization make any transfers to an exempt non-charitable related org	ganization?				49a		Х
	If "Yes," v	vas the related organization a section 527 organization?					49b	<u> </u>	<u> </u>
50		this table for the organization's five highest compensated employees		icers, directors	s, trustees, and key en	nployees) who e	ach re	ceived i	more
	man \$ 10	0,000 of compensation from the organization. If there is none, enter "N (a) Name and title of each employee		age hours	(C) Reportable	(d) Health benefi	s 1	e) Estim	hater
		(a) Name and the or each employee		devoted to	compensation (Forms W-2/1099-MISC/	contributions to employee benefit	1 ,,	ount of	
		NONE	pos	sition	1099-NEC)	plans, and deferre compensation		mpens	ation
						•			
							_		
_							+		
51 —	organizat	this table for the organization's five highest compensated independen ion. If there is none, enter "None." NONE lame and business address of each independent contractor	i contractors) Type of service			ensatio	<u>n</u>
_									
	Total a	pher of other independent contractors such receiving gives \$100,000							0
52		nber of other independent contractors each receiving over \$100,000 rganization complete Schedule A? Note : All section 501(c)(3) organiza	ations must att	tach a	····				
02		d Schedule A				[Х	es 🗆	No
Und		s of perjury, I declare that I have examined this return, including accom							it is
true,	correct, a	nd complete. Declaration of preparer (other than officer) is based on al	I information o	of which prepa	rer has any knowledge).			
~ .	_	Signature of officer				Date			
Sig						- 410			
	.	MARK JAYCOX, PRESIDENT Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date	Check	if PTIN			
Pai	d	TRISHA KAS	SNER,		self- emplo	yed			
	eparer	TRISHA KASSNER, CPA CPA		12/12	2/23	P01			
	e Only	Firm's name BRIXEY & MEYER INC.			Firm's EIN				
	•	Firm's address 1111 ST. GREGORY ST,	5TH FLC	OR	Phone no.	513-75	2-8	350	
	4b - 100 "	CINCINNATI, OH 45202				Г	₹		 -
way	ıne IKS di	scuss this return with the preparer shown above? See instructions				L	Xγ		No

SCHEDULE A

(Form 990)

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.

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

Open to Rubi

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE FATHERS' RIGHT MOVEMENT

Employer identification number

		THE	FATHERS' R	IGHT MOVEMENT	[*-***4627
Part	ı	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	S.	
The or	gan	ization is not a private found							
1 [Ĭ	A church, convention of ch	•	· ·	•	-)(A)(i).		
2	Ħ	A school described in sect	•				76-76-7		
3	i	A hospital or a cooperative		•		(b)(1)(A)(ii	i).		
4	Ħ	A medical research organiz						(iii) Enter	the hospital's name
4 L		city, and state:	ation operated in cor	ijanotion with a nospital	acsonbca	III Sectio	11 170(0)(1)(A)	(III). Linter	the nospital s name,
. [_	An organization operated for	or the benefit of a col	logo or university ewned	or operate	od by a go	vorpmontal un	it doscrib	nd in
5 ∟				lege of diliversity owned	or operati	ed by a go	verninental ul	iit describi	eu III
م _٦	\neg	section 170(b)(1)(A)(iv). (C		and the second s	4-	70/L-\/4\/A\	<i>(</i>)		
6 [<u></u>	A federal, state, or local gov	-						
7	Δ	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from the	e general	public described in
_	_	section 170(b)(1)(A)(vi). (C							
8 _	닉	A community trust describe			•				
9 _		An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	ınction with a l	and-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	e or
_		university:							
10 _		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, an	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
_		See section 509(a)(2). (Con	mplete Part III.)						
11 _	Ш	An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.	•		_		
С		Type III functionally inte	- ·		in connect	ion with, a	and functionall	y integrate	ed with,
		its supported organization						, ,	,
d		Type III non-functionally						ed organi	zation(s)
		that is not functionally int						-	
		requirement (see instructi	-		•		="		
е		Check this box if the orga	,	•	•			l. Type III	
		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, . ,	
f i	Ente	er the number of supported of	vaanizations	,9	9 9				
		ride the following information	•						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
				above (see instructions))					
Total									I

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	100,744.	106,496.	103,330.	36,425.	17,732.	364,727.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	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	100,744.	106,496.	103,330.	36,425.	17,732.	364,727.
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.						364,727.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	100,744.	106,496.	103,330.	36,425.	17,732.	364,727.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						364,727.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third,	fourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2022 (I	line 6, column (f), d	ivided by line 11, o	olumn (f))		14	<u>100.00 %</u>
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	4 is 33 1/3% or mo	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not d	check a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	ganization		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circum	stances test, che	ck this box and sto	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	on did not check a	oox on line 13, 16	a, 16b, 17a, or 17b,	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

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 qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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						
	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	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						
c	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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")? |f "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?
- 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.
- 7 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		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	.54		
	10b		
مار		n 990)	2022

Par	ule A (Form 990) 2022 THE FATHERS RIGHT MOVEMENT **-** 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		
С	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		
Sect	ion 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		
	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		
Sect	on 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		
Sect	ion 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		
Sect	on 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 year (see instructions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		

these activities but for the organization's involvement.3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in

2b 3a 3b

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		
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-function	ally integrated	d Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990) 2022

Sect	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years			_	
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

e Excess from 2022

SCHEDULE O (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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FATHERS' RIGHT MOVEMENT

Employer identification number **-***4627

THE TAILER RIGHT MOVEMENT	4027
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MARKETING	640.
COMPUTER & SOFTWARE EXPENSE	495.
WEBSITE HOSTING	4,315.
PAYPAL FEES	121.
SUICIDE PREVENTION	2,673.
BANK FEES	656.
TOTAL TO FORM 990-EZ, LINE 16	8,900.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE FATHERS	RIGHTS
MOVEMENT IS A GROUP OF MEN AND WOMEN WHO ARE COMMITTED TO HE	ELPING
LOVING FATHERS ENJOY THEIR FULL RIGHTS AND RESPONSIBILITIES	, AS WELL AS
HELPING CHILDREN HAVE THEIR FATHERS IN THEIR LIVES.	
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT	CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS	S, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRAC	CT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS	S, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

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

Schedule O (Form 990) 2022