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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to *www.irs.gov/Form990PF* for instructions and the latest information.

OMB No. 1545-0052

2019

Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation
THE FOUNTAIN CHARITABLE FOUNDATION

A Employer identification number
47-2554837

Number and street (or P.O. box number if mail is not delivered to street address) 5195 FARMERS AVE
Room/suite

B Telephone number (see instructions)
(319) 656-4122

City or town, state or province, country, and ZIP or foreign postal code
KALONA, IA 52247

C If exemption application is pending, check here ▶ ☐

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

D 1. Foreign organizations, check here............ ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here .... ▶ ☐

H Check type of organization: ☑ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), *line 16*) ▶$ 567,370

J Accounting method: ☑ Cash ☐ Accrual ☐ Other (specify)
(Part I, column (d) must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here .... ▶ ☐

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc., received (attach schedule)	80,026			
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch. B				
	3	Interest on savings and temporary cash investments	62	62	62	
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss)				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a				
	7	Capital gain net income (from Part IV, line 2)				
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	c	Gross profit or (loss) (attach schedule)				
	11	Other income (attach schedule)	78,436		46,906	
	12	**Total.** Add lines 1 through 11	158,524	62	46,968	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	17,093		5,698	11,395
	14	Other employee salaries and wages	21,006		7,002	14,004
	15	Pension plans, employee benefits				
	16a	Legal fees (attach schedule)	1,503		501	1,002
	b	Accounting fees (attach schedule)				
	c	Other professional fees (attach schedule)	10,715		3,572	7,143
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion	13,180			
	20	Occupancy	14,281		4,760	9,521
	21	Travel, conferences, and meetings	8,913		4,456	4,457
	22	Printing and publications				
	23	Other expenses (attach schedule)	59,710		12,660	29,081
	24	**Total operating and administrative expenses.** Add lines 13 through 23	146,401	0	38,649	76,603
	25	Contributions, gifts, grants paid	32,630			32,630
	26	**Total expenses and disbursements.** Add lines 24 and 25	179,031	0	38,649	109,233
	27	Subtract line 26 from line 12:				
	a	**Excess of revenue over expenses and disbursements**	-20,507			
	b	**Net investment income** (if negative, enter -0-)		62		
	c	**Adjusted net income** (if negative, enter -0-)			8,319	

Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	60,891	31,437	31,437
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ 5,933			
		Less: allowance for doubtful accounts ▶		5,933	5,933
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶ 526,454			
		Less: accumulated depreciation (attach schedule) ▶ 33,546	506,088	492,908	530,000
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions. Also, see page 1, item I)	566,979	530,278	567,370
Liabilities	17	Accounts payable and accrued expenses	1,209	2,075	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)	342,439	324,813	
	22	Other liabilities (describe ▶)	6,787	7,353	
	23	**Total liabilities**(add lines 17 through 22)	350,435	334,241	
Net Assets or Fund Balances		**Foundations that follow FASB ASC 958, check here ▶ ☑ and complete lines 24, 25, 29 and 30.**			
	24	Net assets without donor restrictions	46,544	170,000	
	25	Net assets with donor restrictions		170,000	
		Foundations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds			
	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
	28	Retained earnings, accumulated income, endowment, or other funds			
	29	**Total net assets or fund balances** (see instructions)	216,544	196,037	
	30	**Total liabilities and net assets/fund balances** (see instructions)	566,979	530,278	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	216,544
2	Enter amount from Part I, line 27a	2	-20,507
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	196,037
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	196,037

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b			
c			
d			
e			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col.(h))
a				
b				
c				
d				
e				

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 } **2**

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8 . . . . **3**

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☐ No
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018			
2017			
2016			
2015			
2014			

2 Total of line 1, column (d)	**2**	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	**3**	
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	**4**	
5 Multiply line 4 by line 3	**5**	
6 Enter 1% of net investment income (1% of Part I, line 27b)	**6**	
7 Add lines 5 and 6	**7**	
8 Enter qualifying distributions from Part XII, line 4 , ...	**8**	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI **Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: ________ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	1
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	1
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019 — 6a		
b	Exempt foreign organizations—tax withheld at source — 6b		
c	Tax paid with application for extension of time to file (Form 8868) — 6c		
d	Backup withholding erroneously withheld — 6d		
7	Total credits and payments. Add lines 6a through 6d.	7	
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	1
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2020 estimated tax** ▶ | **Refunded** ▶	11	

Part VII-A **Statements Regarding Activities**

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition).	1b		No
	*If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?.	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. ▶ $ ________ **(2)** On foundation managers. ▶ $ ________			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ ________			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T.*	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6		No
7	Did the foundation have at least $5,000 in assets at any time during the year?*If "Yes," complete Part II, col. (c), and Part XV.*	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶IA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation*	8b		No
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses.*	10		No

Part VII-A Statements Regarding Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶N/A

14 The books are in care of ▶WILLIAM EVANS Telephone no. ▶(319) 656-2350

Located at ▶1125 ORANGE AVE KALONA IA ZIP+4 ▶52247

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** —check here . . . ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the year . . . ▶ 15

			Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.). ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		No
	Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?.	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019?. ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions.)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2019 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969; **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2019.)*.	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		No

Part VII-B **Statements Regarding Activities for Which Form 4720 May Be Required** *(continued)*

				Yes	No
5a	During the year did the foundation pay or incur any amount to:				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions		**5b**		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	☐ Yes ☐ No			
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☑ No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**6b**		No
	If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☑ No			
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		**7b**		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment during the year?	☐ Yes ☑ No			

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(a) Name and address	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation **(If not paid, enter -0-)**	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
See Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 ▶

Part VIII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation
NONE		

Total number of others receiving over $50,000 for professional services. . . . . ▶

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 IMPROVING THE LIVES OF AT-RISK YOUTH AND YOUNG ADULTS AND THEIR FAMILIES IN EASTERN IOWA BY PROVIDING COMMUNITY SUPPORT, GROWTH AND DEVELOPMENT, SAFE ENVIRONMENTS FOR INDIVIDUALS TO LIVE AND LEARN AND POSITIVE OPPORTUNITIES FOR GROWTH AND ADVANCEMENT	109,233
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 . . . . ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	39,473
c	Fair market value of all other assets (see instructions).	1c	0
d	**Total** (add lines 1a, b, and c).	1d	39,473
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). 1e 0		
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	39,473
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	592
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	38,881
6	**Minimum investment return.** Enter 5% of line 5.	6	1,944

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ ☑ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2019 from Part VI, line 5. 2a		
b	Income tax for 2019. (This does not include the tax from Part VI.). 2b		
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	109,233
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	109,233
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4.	6	109,233

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII **Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20___ , 20___ , 20___				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ $ __________				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2019 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019. *(If an amount appears in column (d), the same amount must be shown in column (a).)*				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b. Taxable amount —see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .				
9 **Excess distributions carryover to 2020.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015. . . .				
b Excess from 2016. . . .				
c Excess from 2017. . . .				
d Excess from 2018. . . .				
e Excess from 2019. . . .				

Part XIV **Private Operating Foundations** (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. . . . . ▶ 2016-03-11

b Check box to indicate whether the organization is a private operating foundation described in section ☑ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	**(b)** 2018	**(c)** 2017	**(d)** 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	1,944	1,275		13	3,232
b 85% of line 2a	1,652	1,084		11	2,747
c Qualifying distributions from Part XII, line 4 for each year listed	109,233	99,240	96,467	110,754	415,694
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	109,233	99,240	96,467	110,754	415,694
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets	567,370	590,891	217,984	225,635	1,601,880
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	567,370	590,891	217,984	225,635	1,601,880
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV **Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see instructions.)**

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

WILLIAM E EVANS

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☑ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV **Supplementary Information** (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . ▶ **3a**				32,630
b *Approved for future payment*				
Total . . . . ▶ **3b**				

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions.)
1 Program service revenue:					
a REHAB PROGRAM FEES					5,732
b WORKFORCE REHABILITATION					40,928
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments. . . .					
3 Interest on savings and temporary cash investments				62	
4 Dividends and interest from securities. . . .					
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					4,819
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a OTHER REVENUE					246
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e). .				62	51,725

13 **Total.** Add line 12, columns (b), (d), and (e). 13 51,787

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
1A	REHABILITATION PROGRAMS REQUIRE HOUSING, THERAPY AND SUPPLIES FOR THE STAY OF THE PROGRAM, THIS REHABILITATION PROGRAM FEE COVERS THE COST OF THE FULL IN-HOUSE REHABILITATION PROCESS.
1B	IN ORDER FOR OUR PROGRAM PARTICIPANTS TO RE-ENTER THE WORLD, THEY NEED TO BE ABLE TO ENTER THE WORKFORCE. COMPANIES PARTER WITH US AND PAY A FEE IN EXCHANGE FOR EACH PARTICIPANTS LABOR. THE LABOR PROVIDES WORK SKILLS AND GIVES OUR PARTICIPANTS A MEANS OF STAYING BUSY AS WELL AS SKILLS TO ASSIST THEM WITH ENTERING THE WORKFORCE ONCE THEY ARE FINISHED WITH REHABILITATION.
5A	LOW INCOME APARTMENTS WERE PURCHASED IN ORDER TO PROVIDE LIVING QUARTERS FOR PATIENTS WHO HAVE GRADUATED FROM THE FIRST PART OF THE REHABILITATION PROCESS. THE MAJORITY OF THESE APARTMENTS ARE PROVIDED AT LOW COST (BASED ON THE TENANTS INCOME) TO THE TENANT, TO PROVIDE LIVING SPACE WHILE THE PATIENT RE-ENTERS THE WORKFORCE.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501 (c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash.	**1a(1)**		**No**
	(2) Other assets.	**1a(2)**		**No**
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization.	**1b(1)**		**No**
	(2) Purchases of assets from a noncharitable exempt organization.	**1b(2)**		**No**
	(3) Rental of facilities, equipment, or other assets.	**1b(3)**		**No**
	(4) Reimbursement arrangements.	**1b(4)**		**No**
	(5) Loans or loan guarantees.	**1b(5)**		**No**
	(6) Performance of services or membership or fundraising solicitations.	**1b(6)**		**No**
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	**1c**		**No**

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	**(b)** Amount involved	**(c)** Name of noncharitable exempt organization	**(d)** Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☑ No

b If "Yes," complete the following schedule.

(a) Name of organization	**(b)** Type of organization	**(c)** Description of relationship

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

******	2020-07-14	******	May the IRS discuss this return with the preparer shown below (see instr.) ☑ **Yes** ☐ **No**
Signature of officer or trustee	Date	Title	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ▶ ☐	PTIN
MITCHELL D BILLUPS				P00950559
Firm's name ▶ AllenMitchell LLP				Firm's EIN ▶82-2826945
Firm's address ▶ 123 E 2nd St Washington, IA 523532201				Phone no. (319) 591-8770

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
WILLIAM E EVANS 1125 ORANGE AVE KALONA, IA 52247	President 5.00	0		
REBEKAH WARD 507 D AVE KALONA, IA 52247	Director 5.00	0		
MICHAEL EVANS 507 3RD ST KALONA, IA 52247	Director 40.00	17,093		
JULIA KRAMMER 502 E AVE KALONA, IA 52247	Director 5.00	0		
ELLA WALKER 304 S 6TH ST KALONA, IA 52247	Director 5.00	0		
RACHEL C RICHIED 2712 DORCHESTER PLACE CHARLOTTE, NC 28209	Director 5.00	0		
LONNIE JORDAN 507 3RD ST KALONA, IA 52247	Director 5.00	0		

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
CHILD HOPE1225 COAST VILLAGE RD SANTA BARBARA, CA 93108		PC	CARE FOR ORPHANED CHILDREN IN HAITI	1,500
FAMILY CARE FOUNDATION 1373 MARRON VALLEY RD DULZURA, CA 91917		PC	HUMANITARIAN SERVICES IN DEVELOPING COUNTRIES	2,040
FIRE INTERNATIONAL 6509 HUDSPETH RD HARRISBURG, NC 28075		PC	SUPPORT OF MISSIONARY WORK ALL OVER THE WORLD	3,000
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RADIUS INTERNATIONAL PO BOX 530279 SAN DIEGO, CA 92153		PC	MISSIONARY TRAINING AND CROSS-CULTURAL TRAINING TO ESTABLISH CHURCHES AMONG UNREACHED PEOPLE	3,250
UPPER DEER CREEK CHURCH 3369 320TH ST WELLMAN, IA 52356		PC	SUPPORT CHURCH MISSION TRIP	6,000
MID PRAIRIE FOUNDATIONPO BOX 175 WELLMAN, IA 52356		PC	SUPPORT OF THE FEED THE KIDS BACKPACK TO SCHOOL PROGRAM PROVIDING FOOD TO NEEDY CHILDREN	300
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
INFORMED CHOICE OF IOWA 821 S GILBERT ST IOWA CITY, IA 52240		PC	SUPPORT THE WALK FOR LIFE TO END ABORTION	200
IOWA BICYCLE COALITIONPO BOX 5562 CORALVILLE, IA 52241		PC	DONATION OF BICYCLE SAFETY EQUIPMENT	250
KALONA BLUEGRASS FESTIVALKALONA KALONA, IA 52247		PC	SUPPORT LOCAL BLUEGRASS FESTIVAL	100
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
KENDAL SCHLABACHKALONA KALONA, IA 52247		I	OUTREACH MISSIONS	1,200
MARIANNE BLASSINGAMEKALONA KALONA, IA 52247		I	SUPPORT WITH FUNERAL COSTS	100
MID PRAIRIE SCHOOL DISTRWELLMAN WELLMAN, IA 52356		GOV	BAND UNIFORMS	450
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
MYEPIOWA CITY IOWA CITY, IA 52240		PC	SUPPORT YOUTH EMPOWERMENT SUMMER FEST	100
PAWS AND MOREWASHINGTON WASHINGTON, IA 52353		PC	HELP ANIMAL SHELTER IN WASHINGTON CO	200
PATHWAY CHRISTIAN SCHOOLKALONA KALONA, IA 52247		PC	DONATION TO ASSIST WITH SCHOOL YEARBOOK	420
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
AGARTSKALONA KALONA, IA 52247		NC	SUPPORT OF LOCAL THEATER IN KALONA	200
ALYXZANDRIA LAPOLEKALONA KALONA, IA 52247		I	SUPPORT OF WIDOW AFTER TRAGIC ACCIDENT	800
BOYS GIRLS CLUB OF CEDAR RAPIDS 420 6TH ST SE CEDAR RAPIDS, IA 52401		PC	FISH O RAMA FUNDRAISER	1,000
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
BRANDON MURPHYKALONA KALONA, IA 52247		I	SUPPORT OF MEDICAL BILLS	1,000
BUR OAK LAND TRUST 5 STURGIS CORNER DR IOWA CITY, IA 52246		PC	LAND PRESERVATION IN IOWA	250
ELDER SERVICES INC2210 9TH ST CORALVILLE, IA 52241		PC	SUPPORT PROGRAMMING FOR OLDER ADULTS IN IOWA	500
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
GROW JOHNSON CO4811 MELROSE AVE IOWA CITY, IA 52246		PC	SUPPORT PUBLIC GARDENING	500
HILCREST GBB1421 540TH ST SW KALONA, IA 52247		NC	SUPPORT OF GIRLS BASKETBALL PROGRAM	100
IOWA VALLEY RCDIOWA CITY IOWA CITY, IA 52240		PC	SUPPORT OF YOUNG FARMERS	200
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
IOWA STATE UNIVERSITYAMES AMES, IA 50011		NC	DAIRY FARMERS CLUB SPONSORSHIP	250
NINA FOGLEKALONA KALONA, IA 52247		I	ASSISTANCE WITH MEDICAL BILLS	750
PARKVIEW MANOR516 13TH ST WELLMAN, IA 52356		NC	SUPPORT CHAPLIN PAY	100
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
RONALD MCDONALD HOUSE 730 HAWKINS DR IOWA CITY, IA 52246		PC	SUPPORT OF HOUSING OF PEDIATRIC PATIENTS AND FAMILIES	500
SHAWN HEIDI GRABERKALONA KALONA, IA 52247		I	ASSIST WITH MEDICAL EXPENSES	500
SHELTER HOUSE429 SOUTHGATE AVE IOWA CITY, IA 52240		PC	SUPPORT OF HOMELESS SHELTER	250
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SPORTABILITY OF IOWA527 PARK LANE WATERLOO, IA 50702		PC	SUPPORT SPORTS LEAGUES FOR HANDICAPPED CHILDREN AND ADULTS	250
STEVEN AND MARY EBERSOLEKALONA KALONA, IA 52247		I	HELP TOWARDS MEDICAL BILLS	750
THE ARC OF SE IOWA 2620 MUSCATINE AVE IOWA CITY, IA 52240		PC	SUPPORT OF AFTER SCHOOL CARE AND DAY CAMPS	500
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
THE DREAM CENTER1600 WHITE ST DUBUQUE, IA 52001		PC	MOBILIZE YOUTH AND FAMILIES TO BUILD ON DR KINGS DREAM	500
THE IOWA CHILDRENS MUSEUM 1451 CORAL RIDGE AVE CORALVILLE, IA 52241		PC	SUPPORT OF FAMILY FREE NIGHT AT THE CHILDRENS MUSEUM	100
TITUS NEUSHWANDERKALONA KALONA, IA 52247		I	SUPPORT OF EXPENSES TO ATTEND FUTURE PROBLEM SOLVERS	100
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
WASHINGTON ECONOMIC DEVL GROUP 205 W MAIN ST WASHINGTON, IA 52353		PC	SUPPORT OF ECONOMIC GROWTH IN WASHINGTON COUNTY	1,500
WATER FOR LIFE126 A AVE KALONA, IA 52247		PC	SUPPORT OF WELL DRILLING IN HAITI	250
RAPE VICTIM ADVOCACY PROGRAM 108 RIVER ST IOWA CITY, IA 52246		PC	SUPPORT ADVOCACY FOR RAPE VICTIMS IN IOWA	450
Total . . . . ▶ **3a**				32,630

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
NEW LIFE CHURCH525 13TH ST WELLMAN, IA 52356		PC	SUPPORT OF PASTOR SERVICES FOR LOCAL CHURCH	2,220
Total . . . . ▶ **3a**				32,630

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2019 Depreciation Schedule

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Depreciation Schedule

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
507 3RD STREET, KALONA IA	2014-12-31	150,400	15,040	SL	40.0000	3,760			
VAN	2016-06-04	1,750	452	SL	10.0000	175			
LAWNMOWER	2018-01-01	5,029	503	SL	10.0000	503			
APARTMENT BUILDING	2018-07-02	349,675	4,371	SL	40.0000	8,742			

TY 2019 Explanation of Non-Filing with Attorney General Statement

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Statement: NOT REQUIRED TO FILE WITH THE STATE

TY 2019 Land, Etc. Schedule

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Auto./Transportation Equip.				530,000
Machinery and Equipment	6,779	1,633	5,146	
Buildings	519,675	31,913	487,762	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491196010390

TY 2019 Legal Fees Schedule

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	1,503	0	501	1,002

TY 2019 Mortgages and Notes Payable Schedule

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Total Mortgage Amount: 324,813

Mortgages and Notes Payable Schedule

Item No.	1
Lender's Name	MYRON ROPP
Lender's Title	
Relationship to Insider	NON RELATED
Original Amount of Loan	250,000
Balance Due	
Date of Note	2018-07
Maturity Date	2033-07
Repayment Terms	180 MONTHS
Interest Rate	4.0000
Security Provided by Borrower	REAL ESTATE
Purpose of Loan	REAL ESTATE PURCHASE
Description of Lender Consideration	CASH & NOTE PAYABLE
Consideration FMV	

Mortgages and Notes Payable Schedule

Item No.	2
Lender's Name	ECIHTF
Lender's Title	
Relationship to Insider	NON RELATED
Original Amount of Loan	100,000
Balance Due	
Date of Note	2018-07
Maturity Date	2038-08
Repayment Terms	240 MONTHS
Interest Rate	
Security Provided by Borrower	REAL ESTATE
Purpose of Loan	PURCHASE REAL ESTATE
Description of Lender Consideration	CASH & NOTE PAYABLE
Consideration FMV	

TY 2019 Other Expenses Schedule

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FUEL	321		107	214
INSURANCE	13,774		4,591	9,183
MISCELLANEOUS	674		225	449
OTHER PROGRAM EXPENSES	3,764			3,764
POSTAGE	38		13	25
Rental Expenses	17,969			
REPAIRS & MAINTENANCE	6,038		2,013	4,025
SUPPLIES	16,913		5,638	11,275
TELEPHONE	219		73	146

TY 2019 Other Income Schedule

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
OTHER REVENUE	246		246
REHAB PROGRAM FEES	5,732		5,732
Rental Income - Noninvestment Property	31,530		
WORKFORCE REHABILITATION	40,928		40,928

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491196010390

TY 2019 Other Liabilities Schedule

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Description	Beginning of Year - Book Value	End of Year - Book Value
DEFERRED TAX	3,837	165
SECURITY DEPOSITS	2,950	4,353
PAYROLL LIABILITIES		2,835

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491196010390

TY 2019 Other Professional Fees Schedule

Name: THE FOUNTAIN CHARITABLE FOUNDATION

EIN: 47-2554837

Software ID: 19009920

Software Version: 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Outside Services	10,715	0	3,572	7,143