Return of Organization Exempt From Income Tax

Form **990**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

20 19
Open to Public Inspection

A F	or th	e 201	9 calendar year, or tax year beginning 07/01, 2019, and end	ling		06/30 ,2	0 20
B c	heck if ap	oplicable:	C Name of organization		D Employer ide	entification nur	mber
	Addre	ess	FOUNTAIN HOUSE, INC.		13-1624	000	
H	chang		Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone nu		
H	+	change	425 WEST 47TH STREET	,	(212) 582		
-	+	return	City or town, state or province, country, and ZIP or foreign postal code		(212) 30.	2-0340	
-	Termi		NEW YORK, NY 10036		C Canno anno ind	. c E7	,359,913.
-	returr		F Name and address of principal officer: DR. ASHWIN VASAN		G Gross receipt H(a) Is this a grou		
	pendi		425 WEST 47TH STREET, NEW YORK, NY 10036		subordinates	? -	Yes X No
_	T				H(b) Are all subordi		_ Yes No
÷		empt st	atus: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$ or $5000000000000000000000000000000000000$	527		h a list. (see instru	
_					H(c) Group exemp		
$\overline{}$				of format	tion: 1948 M	State of legal d	omicile: NY
Р	art I		mmary FOUNDAIN HOU	10D TO	DEDIGATE		
_	1		y describe the organization's mission or most significant activities: FOUNTAIN HOU OVERY OF PEOPLE WITH SERIOUS MENTAL ILLNESS BY PROVI		DEDICALE		
nce			ORTUNITIES FOR OUR MEMBERS THROUGH A COMMUNITY OF MU		CIIDDODE		
rna							
ove.			this box if the organization discontinued its operations or disposed of more t			1	0.7
رن م	3	Numb	er of voting members of the governing body (Part VI, line 1a)			3	27. 27.
es			er of independent voting members of the governing body (Part VI, line 1b)			4	191.
Activities & Governance			number of individuals employed in calendar year 2019 (Part V, line 2a)			5	78.
\cti	6	Total	number of volunteers (estimate if necessary)			6	78.
_			unrelated business revenue from Part VIII, column (C), line 12			7a	0
	d	Net ui	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b	rrent Year
			7. 6	_	5,902,05		9,272,241
Revenue	1	Contri	ibutions and grants (Part VIII, line 1h)	7⊩—	12,937,71		3,866,960
	9	Progra	am service revenue (Part VIII, line 2g) PUBLIC INSPECTION	√	1,768,17		1,533,000
			tment income (Part VIII, column (A), lines 3, 4, and 7d)	┙ ┝──	1,682,20		500,286
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,290,14		5,172,487
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		367,22		213,437
			s and similar amounts paid (Part IX, column (A), lines 1-3)		307,22	0.	213,437
	14		its paid to or for members (Part IX, column (A), line 4)		11,365,19		2,070,054
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		11,303,13	0.	0,070,034
ben	10a		ssional fundraising fees (Part IX, column (A), line 11e) fundraising expenses (Part IX, column (D), line 25) 438,884.	-		0.	
Ĕ	17			-	8,910,90	8 0	9,308,191
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e) expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		20,643,32		L,591,682
			nue less expenses. Subtract line 18 from line 12		1,646,81		3,580,805
es		IVEVE	tue less expenses. Subtract line to front line 12.		ning of Current Y		d of Year
ets (20	Total	assets (Part X, line 16)	209	55,546,63		3,802,776
Ass Bal	21		liabilities (Part X, line 26)	•	11,186,54		3,776,339
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21 from line 20.	-	44,360,08		5,026,437
	rt II		gnature Block	-	, ,		, , .
			of perjury, I declare that I have examined this return, including accompanying schedules and state	tements. a	and to the best of	mv knowledge	e and belief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any kr	nowledge.		
Sig	jn		Signature of officer		Date		
He	re		ANDREW SCHONEBAUM CFO				
			Type or print name and title				
		Print/	Type preparer's name Pi arer's signature Date		Check	if PTIN	
Paid		PAU	L HAMMERSCHMIDT 5/17/2	021	self-employe		4178
	parer	Firm's	sname BDO USA, LLP		Firm's EIN	13-53815	90
Use	Only		saddress > 100 PARK AVENUE NEW YORK, NY 10017-5001			212-885-	
May	the I		cuss this return with the preparer shown above? (see instructions)				res No
			Reduction Act Notice, see the separate instructions.				rm 990 (2019)

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Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	FOUNTAIN HOUSE IS DEDICATED TO THE RECOVERY OF PEOPLE WITH SERIOUS
	MENTAL ILLNESS BY PROVIDING OPPORTUNITIES FOR OUR MEMBERS TO LIVE,
	WORK, AND LEARN, WHILE CONTRIBUTING THEIR TALENTS THROUGH A COMMUNITY
	OF MUTUAL SUPPORT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
12	(Code:) (Expenses \$ 8,133,644. including grants of \$ 211,807.) (Revenue \$ 3,453,959.)
4a	ATTACHMENT 1
	(Code:) (Expenses \$8,477,357. including grants of \$1,630.) (Revenue \$10,413,000.)
	REHABILITATION HOUSING FACILITIES - HOUSING RESIDENTIAL
	OPPORTUNITIES ARE PROVIDED FOR APPROXIMATELY 400 PEOPLE, THROUGH A VARIETY OF FACILITIES, RANGING FROM 24 HOUR STAFF-SUPERVISED
	RESIDENCES TO INDEPENDENT APARTMENTS IN THE COMMUNITY.
	RESIDENCES TO INDEPENDENT APARIMENTS IN THE COMMUNITY.
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4.0	Total program convice expenses \ 16 611 001

Part IV Checklist of Required Schedules Page 3

rai	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
0	complete Schedule D, Part III	8		Х
•		•		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or		Х	
4.0	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	, ,	Х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Λ	
11				
_	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а		110	Х	
L	complete Schedule D, Part VI	11a	- 21	
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11b		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.7
	Schedule D, Parts XI and XII.	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		3.7	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.7
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			3.7
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	Checklist of Required Schedules (continued)		Vaa	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a			X
	, , , , , , , , , , , , , , , , , , , ,	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
4	to defease any tax-exempt bonds?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
 0u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		Х
28	persons? <i>If "Yes," complete Schedule L, Part III</i>	21		21
20	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
		28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	30		$\frac{x}{x}$
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	0.0		v
37	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	5,		
•	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u> </u>	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		7,	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X	(2042)
9E1030	2.000 1854BD 702V 5/16/2021 7:17:53 PM V 19-8.4F	rorm	990	(2019) AGE

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 191			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	If "Yes," enter the name of the foreign country			
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
E 0		5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.L.		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	37	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
^	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	- 12		
13	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16		16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			
	ii 100, complete i dilli 7/20, coneduie O.			

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management					21
0000	ion A. Governing Body and Management				Yes	No
10	Enter the number of voting members of the governing hady at the and of the toy year	1a	27			
Та	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar	-14				
h	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		hin with			
_	any other officer, director, trustee, or key employee?		-	2	Χ	
3	Did the organization delegate control over management duties customarily performed by or u					
Ŭ	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	-		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9 /	,	X
Secti	ion B. Policies (This Section B requests information about policies not required by the Int	ernai	Revenue	Coae	<i>.)</i> Yes	No
				40-	162	X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of			10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	•		11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	iling th	e form? .	па		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			124		
D	Were officers, directors, or trustees, and key employees required to disclose annually interests rise to conflicts?		-	12b	Х	
•	Did the organization regularly and consistently monitor and enforce compliance with the process of the compliance with the compliance with the process of the compliance with the compliance with the process of the compliance with th					
С	describe in Schedule O how this was done	•		12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review a					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a		ar arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	to eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
	organization's exempt status with respect to such arrangements?			16b		
Sect	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NJ, NY,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable) (3)s only) available for public inspection. Indicate how you made these available. Check all that ap X Own website Another's website X Upon request Other (explain on So	ply.		(Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing docur	nents,	conflict o	f inter	est p	olicy,
20	and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's CHRISTOPHER HARRIS, ASST. CONT 425 WEST 47TH STREET, NEW YORK, NY 10036 212-582-0340	books	and record	s >		

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

___ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	rson	e than contract Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)KENNETH DUDEK	40.00									
PRESIDENT (THRU 09/19)	.10			Х				243,561.	0.	48,218.
(2)LISA TAI	40.00							-,		
CONTROLLER	.10				Х			191,032.	0.	36,781.
(3) ANDREW SCHONEBAUM	40.00							,		,
CFO AND SECRETARY	.10			Х				194,710.	0.	28,684.
(4) ELIZEBETH STUBENBORD	40.00									
DIRECTOR OF HOUSING	.10					X		154,391.	0.	44,273.
(5) RALPH F. AQUILA	40.00									
MEDICAL DIRECTOR	0.					X		145,440.	0.	37,995.
(6) ELDAD A. SHEPEN	40.00									
DIRECTOR OF OPERATIONS	.10					Х		138,462.	0.	20,164.
(7) ELLIOTT MADISON	40.00									
EXECUTIVE DIRECTOR	0.					X		119,848.	0.	12,048.
(8) JENNIFER RIVERA	40.00									
DIRECTOR OF HUMAN RESOURCES	.10					X		119,255.	0.	6,940.
(9) ASHWIN VASAN	40.00									
PRESIDENT & CEO (EFF. 09/19)	0.			Х				109,740.	0.	11,610.
(10) WILLIAM S. HILBURN	10.00									
CHAIR	1.10	Х						0.	0.	0.
(11) NANCY L. FARRELL	5.00									
VICE CHAIR OF PUBLIC HEALTH	.10	Х						0.	0.	0.
(12) LORNA HYDE GRAEV	2.00									
VICE CHAIR, EXTERNAL AFFAIRS	.10	X						0.	0.	0.
(13) NORMA ARNOLD	2.00									
DIRECTOR	.10	Х						0.	0.	0.
(14) GREGORY BAECHER	2.00									
DIRECTOR	.10	Х						0.	0.	0.

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JSA

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Part VII Section A. Officers, Directors	s, Trustees, Ke	y En	nplo	oye	es,	and I	lig	hest Compensat	ed Employees (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than tor/trust tor/trust e mployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
15) GEORGE H. BEANE	2.00					<u> </u>						
DIRECTOR	.10	Х						0] 0.	0		
16) GUY DE CHAZAL	2.00											
DIRECTOR	.10	Х						0] 0.	0		
17) ANGELA CLOFINE	2.00											
DIRECTOR	.10	X						0] 0.	0		
18) CARMEL W. FROMSON	2.00											
DIRECTOR	.10	X						0] 0.	0		
19) JEREMY GOLDSTEIN	2.00											
DIRECTOR	.10	X						0] 0.	0		
20) CARL T. HAGBERG	2.00											
DIRECTOR	.10	X						0	0.	C		
21) ALEXANDRA A. HERZAN	2.00											
DIRECTOR	.10	X						0] 0.	C		
22) JOSEPH LANDY	2.00											
DIRECTOR	.10	X						0] 0.	C		
23) FRANCES G. LASERSON	2.00											
DIRECTOR	.10	X						0] 0.	C		
24) KATHERINE LIPTON	2.00											
DIRECTOR	.10	X						0] 0.	C		
25) CHARLES J. MARSDEN	2.00											
DIRECTOR	.10	Х						0] 0.	C		
1b Sub-total					l			1,416,439.	0.	246,713.		
c Total from continuation sheets to Part	VII Section A		• •	• •	• •	• • •		0.	0.	0.		
d Total (add lines 1b and 1c)	•							1,416,439.	0.	246,713.		
2 Total number of individuals (including bu												
reportable compensation from the organi		11036	11316 9	ua	DUV	e) wiii	0 16	ceived more man	\$100,000 01			
 3 Did the organization list any former employee on line 1a? If "Yes," complete S 4 For any individual listed on line 1a, is organization and related organization individual. 	officer, directo Schedule J for sur the sum of rep s greater than	ch ind oortab \$15	livid ole (50,0	ual com	per	nsatio	n aı	nd other compen	sation from the left of the same of the sa	Yes No		
5 Did any person listed on line 1a receiv												

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

for services rendered to the organization? If "Yes," complete Schedule J for such person

(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unle:	heck ss pe d a c	erson	e than o is both tor/trust	an tee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
26) ANNE MAI	2.00									
DIRECTOR	.10	Х						0	0.	0
27) CAROLYN MACKENZIE	2.00									
DIRECTOR	.10	Х						0	0.	0
28) JANET MCDAVID	2.00									
DIRECTOR	.10	Х						0	0.	0
29) CYRUS NAPOLITANO	2.00									
DIRECTOR	.10	Х						0	0.	0
30) HOWARD OWENS MD	2.00									
DIRECTOR	.10	Х						0	0.	0
31) FLORENCE PEYRELONGUE	2.00									
DIRECTOR	.10	Х						0	0.	0
32) JOHN S. PYNE	2.00									
DIRECTOR	.10	Х						0	0.	0
33) ARLENE LIDSKY SALOMON	2.00									
DIRECTOR	.10	Х						0	0.	0
34) KATHLEEN SHANNON	2.00									
DIRECTOR	.10	Х						0	0.	0
35) GUY SZETO	2.00									
DIRECTOR	.10	Х						0	0.	0
36) KATIE ZORN	2.00									
DIRECTOR	.10	Х						0	0.	0
1b Sub-total						1		0.	0.	0.
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	_				· ·		>			
Total number of individuals (including but not reportable compensation from the organization)	limited to the	hose	liste				o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the sche										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,0	00?) It	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye										5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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Part VIII Statement of Revenue

Par	τνιι	Check if Schedule O contains a respon	se or note to an	ov line in this Part \	/III		
		Grieck if Scriedule O Coritains a respon	ise of note to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events	1,066,698. 917,607.				
Contributic and Other	g	and similar amounts not included above . 1f		9,272,241.			
			Business Code				
S	2a	GOVERNMENT CONTRACTS	624200	11,069,275.	11,069,275.		
e <u>Z</u> i	b	MEDICAID	624200	1,724,466.	1,724,466.		
Se	c	COMMUNITY SERVICES	624200	1,073,219.	1,073,219.		
am eve	d						
Program Service Revenue	u						
Pro	e .	All other program continue revenue					
_	f	All other program service revenue	_	13,866,960.			
	<u>g</u> 3	Investment income (including dividends, other similar amounts)	interest, and	479,630.			479,630.
		•		0.			177,0301
	4 5	Income from investment of tax-exempt bond		0.			
	3	Royalties	(ii) Personal	0.			
			(II) I elsoliai				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)	<u> ▶</u>	0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 33,117,116.					
<u>o</u>	b	Less: cost or other basis					
n		and sales expenses 7b 32,063,746.					
evenue	С	- 1 052 250					
Ř	d	` ,	•	1,053,370.			1,053,370.
Other R		• ' '					
Ŏ	8a	Gross income from fundraising events (not including \$					
		of contributions reported on line	123,680.				
		1c). See Part IV, line 18	123,680.				
	b	2000: 4::00: 0740::000		0.			
	С	Net income or (loss) from fundraising events.		0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less returns and allowances 10a	0.				
	b	Less: cost of goods sold	0.				
	С	Net income or (loss) from sales of inventory	▶	0.			
<u>s</u>			Business Code				
Miscellaneous Revenue	11a	COLLEAGUE TRAINING&COLLEGE RE-ENTRY PRG	611430	232,038.			232,038.
ane	b	ADMINISTRATION INCOME	900099	195,796.			195,796.
ell	C	MISCELLANEOUS INCOME	900099	72,452.			72,452.
Res	d	All other revenue		,			,
Σ	e	Total. Add lines 11a-11d	_	500,286.			
	12	Total revenue. See instructions		25,172,487.	13,866,960.		2,033,286.
JSA		. C.a. rovonaci decinidadiono i i i i i i i i		25,1,2,10/.	13,000,000.		Form QQ0 (2019)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

360	Check if Schodule O centains a reasonable an columns. All other organizations must complete column (A).								
<u></u>	Check if Schedule O contains a response or note to any line in this Part IX								
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations								
	and domestic governments. See Part IV, line 21	138,352.	138,352.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22	75,085.	75,085.						
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign	_							
	individuals. See Part IV, lines 15 and 16	0.							
4	Benefits paid to or for members	0.							
5	Compensation of current officers, directors, trustees, and key employees	834,097.	675,651.	155,245.	3,201.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0.	6 861 000	1 450 000	21 006				
7	Other salaries and wages	8,273,126.	6,761,838.	1,479,992.	31,296.				
8	Pension plan accruals and contributions (include	600 552	427 040	160 050	2,754.				
	section 401(k) and 403(b) employer contributions)	609,553.	437,940. 1,367,937.	168,859. 299,407.	6,331.				
9	Other employee benefits	679,603.	555,457.	121,575.	2,571.				
10	Payroll taxes	679,603.	555,45/.	121,5/5.	2,5/1.				
	Fees for services (nonemployees):	0.							
	Management	15,664.	8,495.	6,763.	406.				
	Legal	252,074.	136,708.	108,835.	6,531.				
	Accounting	0.	230,7001	200,000.	0,0011				
	Lobbying Professional fundraising services. See Part IV, line 17	0.							
	f Investment management fees	154,222.		154,222.					
	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.).	1,570,649.	546,404.	1,018,649.	5,596.				
12	Advertising and promotion	0.							
13	Office expenses	1,419,743.	977,216.	180,249.	262,278.				
14	Information technology	0.							
15	Royalties	0.							
16	Occupancy	3,630,036.	3,349,086.	274,646.	6,304.				
17	Travel	186,875.	136,857.	48,429.	1,589.				
18	Payments of travel or entertainment expenses	0							
	for any federal, state, or local public officials	0.							
19	Conferences, conventions, and meetings	0.							
20	Interest	0.							
21	Payments to affiliates	786,879.	535,846.	251,033.					
22 23	Depreciation, depletion, and amortization	145,849.	88,636.	54,210.	3,003.				
24	Insurance Other expenses Itemize expenses not covered			,	2,7321				
	above (List miscellaneous expenses on line 24e. If								
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	EQUIPMENT RENTAL AND MAINT.	548,460.	395,275.	97,242.	55,943.				
b	OTHER OUTSIDE SERVICES	237,128.	187,293.		49,835.				
c	BAD DEBT EXPENSES	118,298.	118,298.						
d	SPEC EVNT FR PRGM PARTICIPAN	111,596.	111,596.						
е	All other expenses	130,718.	7,031.	122,441.	1,246.				
_	Total functional expenses. Add lines 1 through 24e	21,591,682.	16,611,001.	4,541,797.	438,884.				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.							
		0.			Form 990 (2010)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X	<u></u> .	<u> </u>
			(A)		(B)
		Oash as district harden	Beginning of year		End of year
	1	Cash - non-interest-bearing	674,872. 5,427,161.	1	634,701. 7,088,104.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,765,338.	3	5,855,562.
	4	Accounts receivable, net	584,767.	4	183,106.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	•		
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	438,157.	9	561,494.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 38,274,640.			
	b	Less: accumulated depreciation	17,977,351.	10c	21,849,543.
	11	Investments - publicly traded securities	24,534,877.	11	16,203,836.
	12	Investments - other securities. See Part IV, line 11	1,456,236.	12	0.
	13	Investments - program-related. See Part IV, line 11.	70,000.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,617,871.	15	1,426,430.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	55,546,630.	16	53,802,776.
	17	Accounts payable and accrued expenses	8,519,105.	17	5,205,667.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	1,764,233.	19	41,667.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	227,105.	21	232,560.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
g		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	1,000,000.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	676,100.	25	2,296,445.
	26	Total liabilities. Add lines 17 through 25	11,186,543.	26	8,776,339.
S		Organizations that follow FASB ASC 958, check here ► X			
ance		and complete lines 27, 28, 32, and 33.	25 151 522		22 550 451
3ala	27	Net assets without donor restrictions	35,171,733.	27	33,552,451.
ΔĒ	28	Net assets with donor restrictions.	9,188,354.	28	11,473,986.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
A SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	44,360,087.	32	45,026,437.
ž	33	Total liabilities and net assets/fund balances	55,546,630.	33	53,802,776.
_					Form 990 (2019)

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	(2013)				· u	gc • =
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					_ X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25,1		
2						
3	Revenue less expenses. Subtract line 2 from line 1	3			80,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		44,3		
5	Net unrealized gains (losses) on investments	5		-2,7	43,5	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1	70,8	887.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		45,0	26,4	137.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				37	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over				х	
	the audit, review, or compilation of its financial statements and selection of an independent accounts			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the	.	х	
_	Single Audit Act and OMB Circular A-133?			3a	Λ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			.	х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	22	

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization FOUNTAIN HOUSE, INC. Employer identification number 13-1624009

Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must c	omplet	e this pa	art.) See instructions		
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in secti	pol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and st	ate:						
5		An organization operated f	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in	
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go	•			•	,,,,,,,		
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public	
		described in section 170(b)		· · · · · · · · · · · · · · · · · · ·					
8		A community trust describe	-		-				
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or	
		university:							
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3% of its	
11		An organization organized		•	•				
12		An organization organized	•	•					
		of one or more publicly su							
		Check the box in lines 12a t	•	• •			•		
а		Type I. A supporting orga	•		,		• • • • • • • • • • • • • • • • • • • •	,, , , , ,	
		the supported organization				ajority of	the directors or truste	es of the	
		supporting organization.	•					and (a) the other design	
b	L	Type II. A supporting org	-						
		control or management of		=	tne sam	ie persor	is that control or man	age the supported	
_	Г	organization(s). You must	•		م ما اممد		n with and functional	lu into aroto d with	
С	L	Type III functionally integ						iy integrated with,	
		its supported organization		· ·				tad arganization(a)	
d	_	Type III non-functionally that is not functionally interest.			-			- ' '	
		requirement (see instruct			-			an altentiveness	
е		Check this box if the orga	•	-				I Type III	
C	_	functionally integrated, or						i, Type iii	
f	En	ter the number of supported	• •			organizat			
a		ovide the following information	-						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	,	our governing ment?	support (see instructions)	other support (see instructions)	
				above (see instructions))	Yes	No	instructions)	mstructions)	
/A\									
(A) ——									
(B)									
(C)									
(D)									
(E)									
Tota	al								

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,261,823.	5,410,737.	9,455,822.	5,902,050.	9,272,241.	34,302,673.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	4,261,823.	5,410,737.	9,455,822.	5,902,050.	9,272,241.	34,302,673.
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)						5,473,113.
6	Public support. Subtract line 5 from line 4						28,829,560.
	tion B. Total Support	(-) 0045	(1-) 0040	(-) 0047	(-1) 0040	(-) 0040	(f) T-4-1
	ndar year (or fiscal year beginning in)	(a) 2015 4,261,823.	(b) 2016 5,410,737.	(c) 2017 9,455,822.	(d) 2018	(e) 2019 9,272,241.	(f) Total
7 8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	575,544.	382,121.	459,764.	5,902,050.	479,630.	34,302,673. 2,434,864.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1	479,506.	440,326.	1,184,745.	1,682,207.	500,286.	4,287,070.
11	Total support. Add lines 7 through 10						41,024,607.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	64,858,122.
13	First five years. If the Form 990 is forganization, check this box and stop here.	<u> </u>					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2019 (lin	. ,	•			14	70.27%
15	Public support percentage from 2018					15	66.52 %
16a	331/3% support test - 2019. If the org						
	box and stop here . The organization qu			-			
b	331/3% support test - 2018. If the org						
4	this box and stop here. The organization			_			
1 <i>1</i> a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	•
	Part VI how the organization meets the			=		-	ipported
h	organization						and line
D	10%-facts-and-circumstances test - 2	_					
	15 is 10% or more, and if the organization Explain in Part VI how the organization						-
	supported organization				_	•	
18	Private foundation. If the organization						
. •	instructions						▶ □
		· · · · · · · · · · · · · · · · · · ·					

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Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	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 business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		ı	I	I		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. 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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
٠	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth	, or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,		•			15	%
16	Public support percentage from 2018 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lin	ne 10c, column (f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the or	ganization did r	not check the bo	ox on line 14, a	nd line 15 is m	ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	s box and sto	p here. The org	anization qualifies	s as a publicly	supported organi	ization . ►
b	331/3% support tests - 2018. If the orga	anization did not	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organi	ization 🕨 🔃
20	Private foundation. If the organization of	lid not check a	a hox on line 1	4 19a or 19h	check this box	and see instruc	ctions •

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Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 experiencian have any supported experiencian that does not have an IRS determination of etatus								

- Did the organization have any supported organization that does not have an IRS determination of sta under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the support organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) a satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(2)(1) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the forei supported organization? If "Yes," describe in Part VI how the organization had such control and discret. despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determinati under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization us to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2). purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Ye answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and E numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such activ (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the acti 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 alrea designated in the organization's organizing document?
- 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) anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefit by one or more of its supported organizations, or (iii) other supporting organizations that also support benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contribution (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled ent with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or mo disqualified persons as defined in section 4946 (other than foundation managers and organizations describ in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in whi the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene 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 secti 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrat supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, determine whether the organization had excess business holdings.)

		Yes	NO
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Part	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's 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 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		
2	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	ion 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			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 in (2), 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.	_		
34		3		
	ion 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 ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- (! \	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc		
2	Activities Test. Answer (a) and (b) 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	2-		
	that these activities constituted substantially all of its activities.	2a		
b	, ,			
	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 these	26		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? <i>Provide details in Part VI.</i>	3a		
L		Já		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	<u> </u>
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	ns A through E.
Section 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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionall	y integra	ited Type III supporting	g organization (see
instructions).	-		,

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 Page **7**

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish ex						
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
<u>а</u>	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j and 4c.						
Q	and 4c. Breakdown of line 7:						
8							
a	Excess from 2015 Excess from 2016						
b	Excess from 2017						
C	Excess from 2017						
d							
е	Excess from 2019						

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Schedule A (Form 990 or 990-EZ) 2019 Page **8**

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

	·			· · · · · · · · · · · · · · · · · · ·	ATTACHMENT 1				
SCHEDULE A, PART II - OTHER INCOME									
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL			
MISCELLANEOUS	479,506.	440,326.	270,133.	285,972.	72,452.	1,548,389.			
COLLEAGUE TRAINING & RE-ENTRY			287,377.	359,948.	232,038.	879,363.			
ADMINISTRATION INCOME			627,235.	1,036,287.	195,796.	1,859,318.			
TOTALS	479,506.	440,326.	1,184,745.	1,682,207.	500,286.	4,287,070.			

Schedule B (Form 990, 990-EZ, or 990-PE)

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number Name of the organization FOUNTAIN HOUSE, INC. 13-1624009 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization FOUNTAIN HOUSE, INC.

Employer identification number 13-1624009

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$17,607.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization FOUNTAIN HOUSE, INC.

Employer identification number 13-1624009

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization FOUNTAIN HOUSE, INC.

Employer identification number 13-1624009

Part II	Noncash Property	(see instructions)	Use duplicate copie	es of Part II if additiona	I space is needed
CII G III	140116a3111 10pc1ty	1300 111311 401101137.	. Use auplicate copi		i space is riceacu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization FOUNTAIN HOUSE, INC. **Employer identification number** 13-1624009 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FOUNTAIN HOUSE, INC. 13-1624009 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1. ▶ \$

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, oi	Other Simila	r Assets (c	ontinue		age =
3	Using the organization's acquisition	on, accession, and o	ther records, chec	k any of the	e following tha	t make sign	ificant ı	use c	of its
	collection items (check all that app	ly):							
а	Public exhibition		d Loan	or exchange	program				
b	Scholarly research		e Other						
С	Preservation for future gene	rations							
4	Provide a description of the organ	nization's collections	and explain how	they further	the organizati	on's exempt	purpos	se in	Part
	XIII.								
5	During the year, did the organization						_		,
	assets to be sold to raise funds rath		ained as part of the	organizatior	's collection? .	<u></u>	Yes		No
Pa	rt IV Escrow and Custodial A						_		
	Complete if the organiza	ation answered "Ye	s" on Form 990, I	Part IV, line	9, or reported	l an amoun	it on Fo	orm	
	990, Part X, line 21.								
1 a	Is the organization an agent, truste						¬		٦
	included on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	lete the following ta	ble:					
						Amount			
C	Beginning balance								
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								Τ
2a							X Yes	37	No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explanation	n has been p	rovided on Part	XIII		. X	
Pa	rt V Endowment Funds. Complete if the organiza	ation answered "Ve	os" on Form 000	Part IV/ line	. 10				
	Complete if the organiza			(c) Two yea		an venue hank	(a) Faur		h a alı
		(a) Current year 7,296,653.	(b) Prior year 8,032,683.	5,230		ee years back	(e) Four		712.
1 a	Beginning of year balance	1,290,053.	0,032,003.	5,230	, 293. 5, -	_02,926.	0,	700,	
b	Contributions								
С	Net investment earnings, gains,	420 452		3,524	450	856,977.		062	205.
	and losses	420,452.		3,324	,439.	330,911.		303,	
	Grants or scholarships								
е	Other expenditures for facilities	662 001	736,030.	722	,069.	729,610.		721	581.
	and programs	662,084.	730,030.	122	,009.	729,010.		/34,	
f	Administrative expenses	7,055,021.	7,296,653.	8,032	692 5 1	230,293.	5	102	926.
g	End of year balance			l		30,293.	J,.	102,	
2	Provide the estimated percentage		· · · · -	, column (a))	held as:				
a	Board designated or quasi-endown Permanent endowment ▶ 82.6		_%						
C	Term endowment ► 17.4000	0/							
C	The percentages on lines 2a, 2b, a		00%						
3 a	Are there endowment funds not in			are held an	d administered	for the			
Ju	organization by:	the possession of the	ic organization that	are neid an	a aamiilisterea	ioi tric	Γ	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u	· ·	•						
	rt VI Land, Buildings, and Equ	uipment.							
	Complete if the organize	ation answered "Ye							•
	Description of property	(a) Cost or (invest		or other basis other)	(c) Accumulated depreciation	(d)	Book va	lue	
1a	Land	,		150,000.	,		1.	50,0	000.
b	Buildings		35,	732,399.	14,390,99	1.	21,3	41,4	.80
С	Leasehold improvements								
d	Equipment		1,	143,490.	1,172,37	5.	2	71,1	15.
	Other			948,751.	861,73				20.
	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10	Oc.)	>	21,8	49,5	43.

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	l "Ves" on Form 990) Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
-	(including name of security)	(b) Book value	Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
r art viii	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	tion:
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11d. See Form 990	, Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	
Part X	Other Liabilities.	\/ an Farma 000) Doubly line 44 - or 446 Con For	000 Dowt V
	Complete if the organization answered line 25.	res on Form 990	o, Partiv, line Tie of Til. See For	m 990, Pan X,
1.	(a) Descrip	tion of liability		(b) Book value
	ral income taxes			
(2) PAYO	CHECK PROTECTION PROGRAM LOAN			1,691,557.
(3) WORK	ERS' COMPENSATION ASSESSMENT			335,889.
(4) DUE	TO AFFILIATES			268,999.
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)			2,296,445.
2 Liability f	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements the	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

X

Schedule D (Form 990) 2019 Page 4

	(C.D. (1 01111 000) 2010		1 age 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	22,274,697.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	.	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2e	-2,743,568.
е 3	Add lines 2a through 2d	3	25,018,265.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 154, 222.		
b	Other (Describe in Part XIII.)		154 222
	Add lines 4a and 4b	4c 5	154,222. 25,172,487.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		23,172,107.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	21,437,460.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
c d	Other losses	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	21,437,460.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4c	154,222.
с 5	Add lines 4a and 4b	5	21,591,682.
	XIII Supplemental Information.		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	iation	•
SEE	PAGE 5		

Part XIII Supplemental Information (continued)

PART IV, LINE 2B:

ASSETS HELD FOR OTHERS REPRESENTS FUNDS HELD BY FOUNTAIN HOUSE, INC. ON BEHALF OF PROGRAM PARTICIPANTS.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT CONSISTS OF FUNDS ESTABLISHED TO SUPPORT ITS PROGRAMS BUT WHICH ARE SUBJECT TO DONOR RESTRICTIONS AS TO THE USE OF THE PRINCIPAL AMOUNT OF SUCH FUNDS.

PART X, LINE 2:

UNDER U.S. GAAP, AN ORGANIZATION MUST RECOGNIZE A TAX LIABILITY

ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS

MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON

EXAMINATION BY A TAXING AUTHORITY. FOUNTAIN HOUSE, INC. (THE "REPORTING

ORGANIZATION") DOES NOT BELIEVE IT HAS TAKEN ANY MATERIAL UNCERTAIN TAX

POSITIONS AND, ACCORDINGLY, IT HAS NOT RECORDED ANY LIABILITY FOR

UNRECOGNIZED TAX BENEFITS. THE REPORTING ORGANIZATION HAS FILED FOR AND

RECEIVED INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED

TO DO SO. ADDITIONALLY, THE REPORTING ORGANIZATION HAS FILED IRS FORM 990

INFORMATION RETURNS, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN

JURISDICTIONS WHERE SO REQUIRED. FOR THE YEAR ENDED JUNE 30, 2020, NO

INTEREST OR PENALTIES WAS RECORDED OR INCLUDED IN THE CONSOLIDATED

STATEMENT OF ACTIVITIES.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

	TAIN HOUSE, INC.					13-1624009	on number
		ploto if the organ	ization ar	ewored "	Voe" on Form 00		7
Part	Form 990-EZ filers are not re				ies on form as	ou, Fait IV, IIIIe I	1.
1	Indicate whether the organization ra	· · · · · · · · · · · · · · · · · · ·			activities Chack	all that annly	
	Mail solicitations	_		_	non-government g		
a		e			-		
b	Internet and email solicitations	f			government grant	S	
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a written or key employees listed in Form 990 If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		561. (1)	
1			100	140			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				•			
3	List all states in which the organizate registration or licensing.				contributions or	has been notified	it is exempt from

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt l	Fundraising Events. Completed more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut			
		0 1 0	(a) Event #1 LUNCHEON (event type)	(b) Event #2 GALLERY (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts		429,807.	310,516.	1,190,378.
Reve		Less: Contributions	450,055.	333,957.	282,686.	1,066,698.
		Gross income (line 1 minus line 2)		95,850.	27,830.	123,680
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses		95,850.	27,830.	123,680
Pa	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	ne 10 from line 3, colu anization answered "	ımn (d)	<u> </u>	reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %	Yes%	Yes%	
		Direct expense summary. Add lin Net gaming income summary. Su	-			
9 8 10 10	1	Enter the state(s) in which the org	anization conducts ga duct gaming activities	ming activities: in each of these state	es?	

Sched	dule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С			
	Name ▶		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
 а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par			

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identificati	on number
FOUNTAIN HOUSE, INC.						13-162400	9
Part I General Information on Grants a	nd Assistance	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	nts or assistand	e?					X Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient		-			additional space is n		es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FOUNTAIN HOUSE OF NEW JERSEY, INC.							
425 WEST 47TH STREET NEW YORK, NY 10036	23-7064218	501(C)(3)	50,000.				PROGRAM SUPPORT
_(2)	_						
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and							1.
3 Enter total number of other organizations lefter Paperwork Reduction Act Notice, see the Instru							edule I (Form 990) (2019)

FOUNTAIN HOUSE, INC.

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ACADEMIC SCHOLARSHIPS	193.	75,085.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART I, LINE 2:

FOUNTAIN HOUSE INC. ("FHI") MONITORS AFFILIATED GRANTEES' MONTHLY

OPERATIONS EXPENDITURES AND EXPENDITURES OVER \$1,000 IN CALCULATING THE

AMOUNT TO GRANT TO AFFILIATED GRANTEES FOR THEIR OPERATIONS. ALL CHECKS

ARE REVIEWED AND SIGNED BY THE PROPER MANAGEMENT OFFICIALS OF BOTH FHI

AND AFFILIATED GRANTEES. THE AFFILIATED GRANTEES ALSO HAVE A COMPANY

CREDIT CARD TO USE WITH FHI'S MANAGEMENT APPROVAL. ALL CAPITAL AND

OPERATIONAL ACTIVITY AND BUDGETS ARE APPROVED BY BOTH THE MANAGEMENT AND

BOARD OF DIRECTORS OF FHI AND ITS AFFILIATED GRANTEES. THE SCHOLARSHIP

COMMITTEE AUTHORIZES THE PAYMENT OF UP TO \$500 TWICE A YEAR TO FOUNTAIN

Schedule I (Form 990) (2019)

FOUNTAIN HOUSE, INC.

Schedule I (Form 990) (2019)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

HOUSE MEMBERS ATTENDING SCHOOL. RECORDS ARE MAINTAINED IN THE EDUCATION

UNIT REGARDING THE AMOUNT EACH MEMBER RECEIVES IN A GIVEN FISCAL YEAR AND

FOR WHAT PURPOSE. THE RECORDS ARE CHECKED ANNUALLY AGAINST THE ACTUAL

PAYMENTS THAT ARE MADE BY THE FISCAL OFFICE AND RECONCILED.

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FOUNTAIN HOUSE, INC. Employer identification number 13-1624009

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
J	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b	Х	
2	explain	10		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
•	Indicate which, if any, of the following the organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
Ū	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
~	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
•	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

FOUNTAIN HOUSE, INC.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KENNETH DUDEK	(i)	218,561.	25,000.	0.	33,370.	14,848.	291,779.	
1PRESIDENT (THRU 09/19)	(ii)	0.	0.	0.	0.	0.	0.	0.
ANDREW SCHONEBAUM	(i)	194,710.	0.	0.	27,481.	1,203.	223,394.	0.
2CFO AND SECRETARY	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA TAI	(i)	176,032.	15,000.	0.	26,213.	10,568.	227,813.	0.
3CONTROLLER	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZEBETH STUBENBORD	(i)	154,391.	0.	0.	24,278.	19,995.	198,664.	0.
4DIRECTOR OF HOUSING	(ii)	0.	0.	0.	0.	0.	0.	0.
ELDAD A. SHEPEN	(i)	138,462.	0.	0.	18,961.	1,203.	158,626.	0.
5DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
RALPH F. AQUILA	(i)	145,440.	0.	0.	18,000.	19,995.	183,435.	0.
6MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

FOUNTAIN HOUSE, INC.

Schedule J (Form 990) 2019

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

THE PRESIDENT AND OTHER EMPLOYEES ARE ALLOWED TO UTILIZE A GUEST HOUSE AT THE CONVENIENCE OF THE ORGANIZATION. THE AMOUNT OF DAYS UTILIZED ARE LOGGED AND VALUED, AND A FAIR VALUE BASED ON COMPARABLE LODGING RATES IS INCLUDED IN THE EMPLOYEE'S COMPENSATION.

PART I, LINE 7:

BONUSES ARE BASED ON MERIT INCREASE. THE EMPLOYMENT & COMPENSATION

COMMITTEE APPROVES FOR THE PRESIDENT AND REVIEWS FOR ALL OTHER RELEVANT

EMPLOYEES.

IN 2019, KENNETH DUDEK (PRESIDENT) AND LISA TAI (CONTROLLER) RECEIVED BONUSES OF \$25,000 AND \$15,000 RESPECTIVELY. BONUSES ARE REPORTED ON PART II, COLUMN B(II).

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

gov/form990. Inspection Inspection Inspection number 13-1624009

Name of the organization FOUNTAIN HOUSE, INC.

FORM 990, PART VI, SECTION A, LINE 2:

LORNA HYDE GRAEV AND JOHN S. PYNE HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS PREPARED BY THE CPA FIRM FROM AUDITED FINANCIAL STATEMENTS AND TRIAL BALANCE AS WELL AS FROM INFORMATION THE ORGANIZATION'S CONTROLLER PROVIDES TO THEM IN A TAX ORGANIZER. THE CPA FIRM FURNISHES DRAFT FORM 990 WHICH IS REVIEWED BY THE CFO, CONTROLLER AND MEMBERS OF THE AUDIT AND FINANCE COMMITTEES. AFTER APPROVAL, THE CFO PROVIDES AN ELECTRONIC COPY OF FORM 990 TO THE FULL BOARD WITH AN OPPORTUNITY TO REVIEW AND COORDINATE ANY APPROPRIATE CHANGES TO FORM 990 BEFORE IT IS FINALIZED AND FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES EACH OF ITS BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY AND UPON APPOINTMENT. INFORMATION ON A CONFLICT OF INTEREST IS IMMEDIATELY FORWARDED FOR REVIEW TO EXECUTIVE OFFICERS SUBJECT TO SUBSEQUENT BOARD REVIEW.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS AND APPROVES
THE COMPENSATION OF THE PRESIDENT UTILIZING COMPARABILITY DATA AND
INCLUDES CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION
AND ALSO REVIEWS THE COMPENSATION OF OTHER KEY EMPLOYEES.

Name of the organization Employer identification number FOUNTAIN HOUSE, INC. 13-1624009

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII, SECTION A, LINES 9, 10, AND 11:

THE REPORTING ORGANIZATION'S BYLAWS DON'T EXPLICITLY STATE THAT ANY MEMBER OF THE BOARD SHALL BE AN OFFICER. IT IS THE ORGANIZATION'S INTENTION THAT ONLY EMPLOYEES SHALL BE APPOINTED OFFICERS WITH NO OFFICERS OF THE BOARD.

FORM 990, PART XI, LINE 9:

CHANGE IN ACCUMULATED PENSION OBLIGATION......\$(170,887)

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

COMMUNITY SUPPORT SERVICES - FOUNTAIN HOUSE PROVIDES

COMMUNITY-BASED SUPPORT SERVICES TO INDIVIDUALS WITH MENTAL

ILLNESS UTILIZING THE "CLUBHOUSE" MODEL DEVELOPED BY FOUNTAIN

HOUSE (WHICH IS NOW UTILIZED BY OVER 300 OTHER ORGANIZATIONS

AROUND THE WORLD). ITS CLUBHOUSE FACILITY IS LOCATED AT 425 WEST,

47TH STREET IN NEW YORK CITY AND IS OPEN 365 DAYS A YEAR. FOUNTAIN

HOUSE'S SUPPORT SERVICES ARE DELIVERED BY DIFFERENT UNITS, EACH OF

WHICH IS OPERATED BY BOTH FOUNTAIN HOUSE'S MEMBERS AND ITS

PROFESSIONAL STAFF. THE UNITS INCLUDE EDUCATION, COMMUNICATION,

CULINARY, HORTICULTURE, RECEPTION, RESEARCH AND WELLNESS. MEMBERS

OF FOUNTAIN HOUSE ALSO ARE AFFORDED VARIOUS OPPORTUNITIES TO WORK

FOR PRIVATE SECTOR EMPLOYERS. FOUNTAIN HOUSE PROVIDES SUPPORT

Name of the organization Employer identification number FOUNTAIN HOUSE, INC. 13-1624009

ATTACHMENT 1 (CONT'D)

SERVICES TO ABOUT 1,300 MEMBERS EACH YEAR. AN ADDITIONAL CLUBHOUSE FACILITY CALLED FOUNTAIN HOUSE BRONX IS LOCATED AT 564 WALTON AVENUE IN THE BRONX. IT PROVIDES SUPPORT SERVICES TO OVER 200 MEMBERS EACH YEAR.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BUILDERS R US CONSTRUCTION CORP 1882 PARK AVENUE NEW YORK, NY 10035	CONSTRUCTION	908,417.
CROXTON COLLABORATIVE ARCHITECTS, PC 44-02 23RD STREET #412 LONG ISLAND CITY, NY 11101	ARCHITECTURE	339,753.
CHANGING OUR WORLD, INC. 1285 AVENUE OF THE AMERICAS FLOOR 5 NEW YORK, NY 10019-6008	INT. DEV. STAFF. SVC	310,000.
US FOODS INC PO BOX 641871 PITTSBURGH, PA 15264-1871	FOOD VENDOR	256,078.
BEE WELL LLC 425 WEST 47TH STREET NEW YORK, NY 10036	PEER SERVICES	255,962.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

FOUNTAIN HOUSE, INC.

Employer identification number
13-1624009

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	V, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr	12(b)(13) olled
						Yes	No
(1) FOUNTAIN HOUSE OF NEW JERSEY, INC. 23-7064218							
425 WEST 47TH STREET NEW YORK, NY 10036	REHAB	NY	501(C)(3)	7	FHI, INC.	X	
(2) FOUNTAIN HOUSE HOUSING, INC. 13-3055988							
425 WEST 47TH STREET NEW YORK, NY 10036	HOUSING	NY	501(C)(3)	10	FHI, INC.	X	
(3) FOUNTAIN HOUSE RESIDENTIAL CORP. 13-3221478							
425 WEST 47TH STREET NEW YORK, NY 10036	HOUSING	NY	501(C)(3)	10	FHI, INC.	X	
(4) F.H. COMMUNITY LIVING PROGRAM 13-3213236							
425 WEST 47TH STREET NEW YORK, NY 10036	HOUSING	NY	501(C)(3)	10	FHI, INC.	X	
(5) FOUNTAIN HOUSE HOUSING DEV. FUND COMPANY 13-3527769							
425 WEST 47TH STREET NEW YORK, NY 10036	HOUSING	NY	501(C)(3)	7	FHI, INC.	X	
(6) FH HOMES HOUSING DEVELOPMENT FUND CORP. 81-1500674							
425 WEST 47TH STREET NEW YORK, NY 10036	HOUSING	NY	501(C)(4)	N/A	FHI, INC.	X	
(7)							
<u>· · · · · · · · · · · · · · · · · · · </u>							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019

FOUNTAIN HOUSE, INC. 13-1624009

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(i Disprop alloca		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oouy)		,			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(1 controlle entity?
								Yes No
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Page 3 Schedule R (Form 990) 2019

Par	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e	X	
f	Dividends from related organization(s)				1f	Х	
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
1	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	
	Sharing of paid employees with related organization(s)				10	Х	
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q	X	
•							
r	Other transfer of cash or property to related organization(s)				1r		X
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete to	this line, including cove	ered relationships and trans	action thre	sholds	s.	
	(a)	(b)	(c)	Method	(d)		_
	Name of related organization	Transaction type (a-s)	Amount involved		or dete unt invo		g
		71 \ /					
(1)	FOUNTAIN HOUSE OF NEW JERSEY, INC.	В	50,000.	COST			
(2)	FOUNTAIN HOUSE OF NEW JERSEY, INC.	E	268,999.	COST			
(3)							
,							
(4)							
(5)							
(5)							_
(6)							

JSA

Schedule R (Form 990) 2019

FOUNTAIN HOUSE, INC. 13-1624009

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	unrelated, excluded	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No	,	Yes	No		
(2)														
(3)														
(4)														
(5)														
(6)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(4.0)														
(16)														

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.