Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change THE FOUNTAIN FUND Name change 81-3741447 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 233 4TH STREET NW, BOX Z 434-234-3600 2,041,434. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return CHARLOTTESVILLE, VA 22903 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DANIEL GOODALL Yes X No for subordinates? SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)(insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.FOUNTAINFUND.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2016 M State of legal domicile: VA Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE FOUNTAIN FUND INCREASES Activities & Governance ECONOMIC OPPORTUNITIES FOR FORMERLY INCARCERATED PEOPLE TO IMPROVE 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 $\overline{11}$ Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h Prior Year **Current Year** 1,064,530. 2,012,190. Contributions and grants (Part VIII, line 1h) 8 14,977. 22,052. Program service revenue (Part VIII, line 2g) 1.401. 7.192. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0 11 1,080,908. 2.041.434 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 355,859. 638,912. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 344,092. 484,782. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 699,951. 1,123,694. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 380,957. 917,740. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,798,301. 2,922,926. Total assets (Part X, line 16) 137,592. 344,477. 21 Total liabilities (Part X, line 26) 三年 660,709. 578,449 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DANIEL GOODALL, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00322544 P. FRANK BERRY Paid self-employed Firm's name HANTZMON WIEBEL LLP Firm's EIN 54-0618213 Preparer Firm's address PO BOX 1408 Use Only Phone no. (434) 296-2156 CHARLOTTESVILLE, VA 22902 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	Check if Ocharle to Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
	THE FOUNTAIN FUND INCREASES ECONOMIC OPPORTUNITIES FOR FORMERLY INCARCERATED PEOPLE TO IMPROVE THEIR LIVES AND REMAIN IN THEIR	
	COMMUNITIES.	
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?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by experiments are considered by the organization of the organizat	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exprevenue, if any, for each program service reported.	penses, and
4a	(Code:) (Expenses \$	22,052.
	THE FOUNTAIN FUND PROVIDES LOW-INTEREST LOANS AND FINANCIAL COAG	
	FORMERLY INCARCERATED PEOPLE, HELPING THEM BUILD THEIR CREDIT AN ACHIEVE THEIR SELF-DETERMINED GOALS.	ND
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/o	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 824,230.	Form 990 (2023)
		1 01111 - 0 (2023)

Form 990 (2023) THE FOUNTAIN FUND Part IV 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		X
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		Х
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 Rev. Proc. 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
0	, ,			x
^	Schedule D, Part III	8		
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 debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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 for any	- 1.0		
	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 assistance to	<u> </u>		<u></u>
10		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	Х	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	21	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	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,"			\ ₃₇
	complete Schedule G, Part III	19		X
20a	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

332003 12-21-23

Form 990 (2023) THE FOUNTAIN FUND
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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
24a	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	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		25
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
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 persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, 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? If			
	"Yes," complete Schedule L, Part IV	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 line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pa		· <u> </u>		
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		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 on line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			v
	(gambling) winnings to prize winners?	1c	990	(2022)

332004 12-21-23

Form	990 (2023) THE FOUNTAIN FUND 81-3741	447	Р	age 5							
Par				<u></u>							
	. (continued)		Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			110							
	filed for the calendar year ending with or within the year covered by this return 2a 12										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х								
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? If "No" to line 3b, provide an explanation on Schedule O	3b									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x							
b	If "Yes," enter the name of the foreign country	10.									
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
b											
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	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 and services provided to the payor?	7a		Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7с		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		<u> </u>							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	-									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	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.										
b	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	-									

that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

14a

14b

15

16

c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," see the instructions and file Form 4720, Schedule N.

If "Yes," complete Form 4720, Schedule O.

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 11 **1a** 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 committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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 elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a 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 such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed VA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request __ Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records THE ORGANIZATION - 434-234-3600 4TH STREET NW, BOX Z, CHARLOTTESVILLE,

Form **990** (2023)

233

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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 the instructions for the order in which to list the persons above.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		l an	uau	liecto	Tritus	100)	from	from related	other
	(list any hours for	direct						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ERIKA VICCELLIO	line) 40.00	Ĕ	ŝi.	HO H	- S	불'등	P			
EXECUTIVE DIRECTOR	40.00			Х				82,753.	0.	0.
(2) LISA LORSH	1.00							02,733.	•	•
BOARD MEMBER	1.00	х						0.	0.	0.
(3) DAVID SMITH	1.00	<u></u>								
SECRETARY		х		х				0.	0.	0.
(4) SIRI RUSSELL	1.00								-	
BOARD MEMBER		Х						0.	0.	0.
(5) LORENZO COLLINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) PATRICIA SMITH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) TIM HEAPHY	2.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(8) DAN GOODALL	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) KELLY ORIANS	2.00	_								_
BOARD MEMBER		Х						0.	0.	0.
(10) ANDY BLOCK	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) BEVIN ETIENNE	1.00	ļ								•
BOARD MEMBER	0.00	Х						0.	0.	0.
(12) BRENDA SMITH	2.00	.,								•
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
		1								
		-								
-	L	I	ı		L	1	1	L	I	= 000 (aaaa)

	t VII Section A. Officers, Directors, Trus (A)	(B)			(((D)	(E)			(F)	
	Name and title	Average hours per week	box	not c , unle	Pos heck i ss per	itior more rson i	than dis both	n an	Reportable compensation	Reportable compensatio	n		stimate nount	
		(list any	ctor					ĺ	from the	from related organization		com	other pensa	tion
		hours for	Individual trustee or director	g.			ated		organization	(W-2/1099-MIS			om th	
		related organizations	rustee	Il truste		ee	mpens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)			anizat d relat	
		below	vidual t	Institutional trustee	Jec	Key employee	Highest compensated employee	ner	,				anizati	
		line)	Indiv	Insti	Officer	Key	High	Former						
			•											
	Subtotal								82,753.		0.			0.
	Total (add lines th and 1s)								82,753.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but r									000 of reportable				•
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer	director trust	ee l	CEV E	mnl	OVE	e or	hia	thest compensated empl	lovee on			res	NO
Ū	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su	um of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t					
_	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con	•				•			•	dual for services		5		Х
Sec	tion B. Independent Contractors	ipiete Scrieduis	<i>-</i> 0 1	OI SI	<i>icii</i> ,	Jers	OII .							
1	Complete this table for your five highest co	•	•								pensat	tion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.		(0	-\	
	(A) Name and business	address	N	ЭМЕ	3				(B) Description of s	ervices	С		nsatio	n
2	Total number of independent contractors (i	ncluding but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than				

Form 990 (2023) THE FOU Part VIII Statement of Revenue

			Check if Schedule O contains a respor	nee or	note to any lin	e in this Part VIII			
			Officer if Octredule O Contains a respon	136 01	note to any iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded
							function revenue	business revenue	from tax under
									sections 512 - 514
ts ts	1	а	Federated campaigns 1a						
rar		b	Membership dues 1b						
e, E		С	Fundraising events1c						
ifts ar A			Related organizations 1d						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions) 1e		35,475.				
Sig			All other contributions, gifts, grants, and		•				
e ti				1.9	76,715.				
GË		~			7077230	1			
o		_	· · · · · · · · · · · · · · · · · · ·			2,012,190.			
O a		n	Total. Add lines 1a-1f			2,012,190.			
			DDOGDAM TAMEDEGE		Business Code	22 052	22 252		
Çe	2	а	PROGRAM INTEREST	_	900099	22,052.	22,052.		
e Zi		b		_					
S Z		С		_ L					
am		d		L					
Program Service Revenue		е							
Pr		f	All other program service revenue						
			Total. Add lines 2a-2f			22,052.			
	3	9	Investment income (including dividends, in			,			
	Ŭ	other similar amounts)				7,192.			7,192.
	4		Income from investment of tax-exempt bon			7,152.			7,1526
	4		•	•					
	5		Royalties(i) Real						
			(I) Real	_	(ii) Personal	-			
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securities	es	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
<u>o</u>			and sales expenses 7b						
Revenue		c	Gain or (loss) 7c						
ě			Net gain or (loss)						
<u>بر</u> ۳			-						
ther	ŏ	а	Gross income from fundraising events (not						
ŏ			including \$ of						
			contributions reported on line 1c). See						
			,	8a					
			Less: direct expenses	8b					
			Net income or (loss) from fundraising event	ts					
	9	а	Gross income from gaming activities. See						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
			Net income or (loss) from gaming activities						
	10	а	Gross sales of inventory, less returns						
			**	10a					
		h		10b					
			Net income or (loss) from sales of inventory						
		<u> </u>	Net income or (loss) from sales of inventory		Business Code				
2		_			Juon1699 COUB				
e e	11								
Miscellaneous Revenue		b							
g çe		С							
Mis			All other revenue						
		е	Total. Add lines 11a-11d						
	12		Total revenue. See instructions			2,041,434.	22,052.	0.	7,192.

332009 12-21-23

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

	Check if Schedule O contains a respons	se or note to any line in the (A)	nis Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22 Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4					
5	Compensation of current officers, directors,	82,753.	57,927.	16,551.	8,275
6	trustees, and key employees	02,733.	31,3210	10,331.	0,273
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		461,081.	322,757.	92,216.	46,108
7 8	Other salaries and wages Pension plan accruals and contributions (include	401,001.	322,131.	72,210.	40,100
0	section 401(k) and 403(b) employer contributions)	9 696	6 910	1 681	1 105
^	```````````````````````````````	9,696. 43,396.	6,910. 32,134.	1,681. 7,528.	1,105 3,734
9	Other employee benefits	41,986.	29,390.	8,397.	4,199
0	Payroll taxes	41,500.	25,5501	0,3511	Ŧ, ±JJ
11	Fees for services (nonemployees):				
a	Management				
b	Legal	18,705.	11,223.	5,612.	1,870
C	Accounting	10,705.	11,223.	3,012.	1,070
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g		107,601.	55,571.	2,076.	19 951
40	column (A), amount, list line 11g expenses on Sch 0.)	107,001.	33,371.	2,070.	49,954
12	Advertising and promotion	24,339.	6,469.	16,398.	1,472
13	Office expenses	24,333.	0,409.	10,390.	1,4/2
14	Information technology				
15	Royalties	31,204.	21,843.	6,241.	3,120
16	Occupancy	31,204.	21,043.	0,241.	3,140
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	51,715.	35,831.		15,884
19	Conferences, conventions, and meetings	J1,/1J•	33,031.		13,004
20	Interest				
21	Payments to affiliates				
22	I	3,409.		3,409.	
23	Other expenses. Itemize expenses not covered	3,403.		3,403.	
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) END OF YEAR LOAN ADJUST	141,850.	141,850.		
a b	OTHER PROGRAMMING EXPEN	100,267.	100,267.		
C	MISCELLANEOUS	3,372.	434.	2,876.	62
d	STAFF DEVELOPMENT	2,320.	1,624.	464.	232
	All other expenses	2,323.		101.	
25	Total functional expenses. Add lines 1 through 24e	1,123,694.	824,230.	163,449.	136,015
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)				

Form 990 (2023)
Part X | Balance Sheet

² ar	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		827,770.	1	1,261,959
	2	Savings and temporary cash investments		374,606.	2	582,529
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		595,925.	7	1,078,438
Assets	8	Inventories for sale or use			8	
₹	9	Description of the second seco			9	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lir	ne 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must e		1,798,301.	16	2,922,926
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
,	22	Loans and other payables to any current or fo				
		trustee, key employee, creator or founder, su	ostantial contributor, or 35%			
LIGDIII (163		controlled entity or family member of any of the			22	
֡֡֡֞֡֡֡֞֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡֡	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela		137,592.	24	144,477
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D		0.	25	200,000
	26	Total liabilities. Add lines 17 through 25		137,592.	26	344,477
		Organizations that follow FASB ASC 958, o	heck here X			
Ses		and complete lines 27, 28, 32, and 33.				
=	27	Net assets without donor restrictions		1,179,817.	27	2,139,010
פ	28	Net assets with donor restrictions		480,892.	28	439,439
3 │		Organizations that do not follow FASB ASC	958, check here			
2		and complete lines 29 through 33.				
5	29	Capital stock or trust principal, or current fun	ds		29	
מנו	30	Paid-in or capital surplus, or land, building, or			30	
AS	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		1,660,709.	32	2,578,449
-	33	Total liabilities and net assets/fund balances		1,798,301.	33	2,922,926

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)		2,04						
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,12						
3	Revenue less expenses. Subtract line 2 from line 1	3		7,7					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,66	0,7	09.				
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities 6								
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	2,57	8,4	<u>49.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X				
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.							
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 compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis 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 oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2023)				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

		THE	FOUNTAIN F	UND				8	1-3741447
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general _l	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, an	d gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)						
11	Щ	An organization organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 5	609(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
ā	ı		· · · · · · · · · · · · · · · · · · ·	·	•	-			
		the supported organization			majority o	of the direc	ctors or trustee	es of the su	upporting
		organization. You must o							
b) [_						-		-
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	oorted
		organization(s). You mus							1 20
C	; [y integrate	ed with,
_	. —	its supported organization		·					t:-:-(a)
C	·	☐ Type III non-functionally					• •	•	* *
		that is not functionally int	-		•		·=	an attentiv	veness
_		requirement (see instruct	•	•	•			I. Tupo III	
•	•	Check this box if the orga					Type I, Type I	i, Type iii	
4	Ente	functionally integrated, or er the number of supported of							
		vide the following information	•	ed organization(s).					
_		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi	No	support (see in	structions)	support (see instructions)
				above (see instructions)	100	-110			
Tot	al						I		

332021 12-21-23

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Section A. Public Support											
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	832,431.	674,953.	473,564.	1064530.	2012190.	5057668.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	832,431.	674,953.	473,564.	1064530.	2012190.	5057668.					
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)						1459512.					
	Public support. Subtract line 5 from line 4.						3598156.					
Sec	tion B. Total Support											
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
7	Amounts from line 4	832,431.	674,953.	473,564.	1064530.	2012190.	5057668.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	58.	106.	46.	1,401.	7,193.	8,804.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						5066472.					
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	63,355.					
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)						
	organization, check this box and stop											
Sec	tion C. Computation of Publi	c Support Per	centage									
14	Public support percentage for 2023 (li	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	71.02 %					
	Public support percentage from 2022					15	73.00 %					
16a	33 1/3% support test - 2023. If the o			line 13, and line 1	14 is 33 1/3% or m	ore, check this box						
	stop here. The organization qualifies		-									
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check thi	s box					
	and stop here. The organization qual	•	•									
17a	10% -facts-and-circumstances test											
	and if the organization meets the facts		,	-	•	VI how the organiz	ation					
	meets the facts-and-circumstances te	-		• • •								
b	10% -facts-and-circumstances test						10% or					
	more, and if the organization meets the				-							
	organization meets the facts-and-circu		-	•	• • •							
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar		(Form 990) 2023					

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
- Ou		
5b		
5c		
6		
7		
,		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

332024 12-21-23

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	edule A (Form 990) 2023 THE FOUNTAIN FUND			31-3/4144/ Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

THE FOUNTAIN FUND

Employer identification number

81-3741447

Organization type (check one):						
Filers of:	Filers of: Section:					
Form 990 or 990-E	Z X 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					
Note: Only a section	nization is covered by the General Rule or a Special Rule . on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections s	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one or, 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; m 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, con is checke purpose.	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ed, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "No" on Pa	nization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must art 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 at the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

THE FOUNTAIN FUND

81-3741447

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$147,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000</u> .	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$150,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number THE FOUNTAIN FUND

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4		Person X 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.)

81-3741447

Page 3

Name of organization Employer identification number

THE FOUNTAIN FUND

81-3741447

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(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

Name of organization **Employer identification number** THE FOUNTAIN FUND 81-3741447 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 info. once.) \$ Use duplicate copies of Part III if additional space is needed. (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. 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 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 (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

THE FOUNTAIN FUND

Employer identification number 81-3741447

organization answered "Yes" on Form 990, Part IV, line 6.		
(a) Donor advised funds (b) Funds and other account		
	and other accounts	
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds		
are the organization's property, subject to the organization's exclusive legal control?	Yes No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only	L 165 L 140	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring		
impermissible private benefit?	Yes No	
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.		
1 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 imp	portant land area	
Protection of natural habitat Preservation of a certified histori	ric structure	
Preservation of open space		
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation		
day of the tax year.	eld at the End of the Tax Year	
a Total number of conservation easements 2a		
b Total acreage restricted by conservation easements 2b		
c Number of conservation easements on a certified historic structure included on line 2a 2c		
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not		
on a historic structure listed in the National Register		
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization duri	iring the tax	
year		
Number of states where property subject to conservation easement is located		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	Yes No	
violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easement	—	
Countries voluntees read activities to membering, mappeding, realisming of violations, and embering economical	onto during the your	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements di	during the year	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i)		
and section 170(h)(4)(B)(ii)?	Yes No	
9 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 describe	es the	
organization's accounting for conservation easements.		
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar A	Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet		
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of publ	blic	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.		
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet wor		
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	c service,	
provide the following amounts relating to these items.		
(i) Revenue included on Form 990, Part VIII, line 1		
2 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:		
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X 		
	chedule D (Form 990) 2023	

Pai	t III	Organizations Maintaining Col	llections of Ar	t, Hist	orical Tre	easures, or	Other S	Simila	r Assets	(contin	าued)	
3	Usin	g the organization's acquisition, accession	, and other record	s, check	any of the f	following that n	nake sigr	nificant ι	use of its			
	colle	ction items (check all that apply).										
а		Public exhibition	d	i 🔲	Loan or exc	hange progran	า					
b		Scholarly research	е			0.0						
С		Preservation for future generations										
4	Prov	ide a description of the organization's colle	ections and explair	n how th	ev further th	ne organization	's exemp	t purpo:	se in Part	XIII.		
5		ng the year, did the organization solicit or r	•		-	-	-					
		e sold to raise funds rather than to be main				•				Yes		No
Pai	t IV	Escrow and Custodial Arrange										
		reported an amount on Form 990, Part			9				,	,		
	Is the	e organization an agent, trustee, custodian	. or other intermed	diary for	contribution	ns or other asse	ets not in	cluded				
		orm 990, Part X?								Yes		No
b		es," explain the arrangement in Part XIII an										
-		os, oxplain the arrangement in rationin an	a complete the for		abio.					Amoun	t	
С	Regi	nning balance						1c				
4	_	tions during the year						1d				
u								1e				
f		ibutions during the year						1f				
f 2a		ng balance he organization include an amount on Forr								Yes	$\overline{}$	No
		•		•			•	·		_ 1es	H	_ NO
Pai		es," explain the arrangement in Part XIII. Cless," Endowment Funds Complete if the										
ı uı		·	(a) Current year		rior year	(c) Two years		I) Three v	ears back	(a) Fau	r veare	hack
	D	-	(a) Current year	(5)	noi yeai	(C) TWO years	Dack (C	i) Till CC 3	rcars back	(e) i oui	yours	Dack
1a		nning of year balance										
b		ributions										
С		nvestment earnings, gains, and losses										
d		ts or scholarships										
е		er expenditures for facilities										
		programs										
f		inistrative expenses										
g	End	of year balance										
2		ide the estimated percentage of the curren	•	e (line 1	g, column (a))) held as:						
а	Boar	d designated or quasi-endowment		%								
b	Perm	nanent endowment	%									
С	Term	n endowment%										
	The	percentages on lines 2a, 2b, and 2c should	d equal 100%.									
За	Are t	here endowment funds not in the possess	ion of the organiza	ation tha	t are held ar	nd administered	d for the					
	orga	nization by:									Yes	No
	(i) (Jnrelated organizations?								3a(i)		
	(ii) F	Related organizations?								3a(ii)		
b	If "Ye	es" on line 3a(ii), are the related organizatio								3b		
4	Desc	cribe in Part XIII the intended uses of the or	rganization's endo	wment f	unds.							
Pai	t VI	Land, Buildings, and Equipmen	nt									
		Complete if the organization answered "	'Yes" on Form 990), Part I\	/, line 11a. S	See Form 990, F	Part X, lir	ne 10.				
		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	ed	(d) Boo	k valu	<u>——</u>
		,	basis (investr	nent)	basis	(other)		eciation		` ,		
	Land	l										
b		lings										
c		ehold improvements										
d		pment	1									
		er										
		lines 1a through 1e. (Column (d) must ocu		V line 1	00 00/1100	/D))						0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 THE FOUNTAIN Part VII Investments - Other Securities	I FUND	81	-3741447 Page
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(R))		
Part X Other Liabilities	(D))		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
(-) Described as a Clark 19th .			(b) Book value
(1) Federal income taxes			(2) 2000 74140
DESCRIPTION OF COLUMN			200,000
			200,000
(3)			
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that 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) 2023

200,000.

(6) (7) (8)

		Reconciliation of Revenue per Audited Financial Stat	omonto With Dovon	io nor Doturn	,, rage
Pai	ιΛι	Complete if the organization answered "Yes" on Form 990, Part IV, lin		ie per neturn	
1	Total			1	2,041,434.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:		·····	2,011,151
		nrealized gains (losses) on investments	2a		
b		ed services and use of facilities			
c		eries of prior year grants			
		(Describe in Part XIII.)	1 2 1		
		nes 2a through 2d	<u>-</u>	2e	0.
3	Subtra	act line 2e from line 1		_	2,041,434.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	0.
5	Totalı	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,041,434.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta		ses per Return	1
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total e	expenses and losses per audited financial statements		1	1,123,694.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а		ed services and use of facilities	l l		
b	Prior y	vear adjustments			
С		losses			
		(Describe in Part XIII.)			0
		nes 2a through 2d			1,123,694.
3		act line 2e from line 1		3	1,143,034.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	40		
		ment expenses not included on Form 990, Part VIII, line 7b(Describe in Part XIII.)			
				4c	0.
		nes 4a and 4b expenses. Add lines 3 and 4c. <i>(This must equal Form 990. Part I. line 18</i>			1,123,694.
Pa	rt XIII	Supplemental Information	.,		
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	: Part IV. lines 1b and 2b: I	Part V. line 4: Part X	. line 2: Part XI.
		4b; and Part XII, lines 2d and 4b. Also complete this part to provide an		,,	,
PAI	RT X	, LINE 2:			
ГНІ	OR	GANIZATION IS EXEMPT FROM INCOME TAX	ES UNDER SECT	ION 501(C)	(3) OF
THI	IN	TERNAL REVENUE CODE. THE ORGANIZATION	<u>N HAS REVIEWE</u>	D AND EVAI	JUATED THE
(EI	ıEVA.	NT TECHNICAL MERITS OF EACH OF ITS T	AX POSITIONS	IN ACCORDA	MCE WITH
					7.1TD
÷U.	LDAN	CE ESTABLISHED BY THE FINANCIAL ACCO	OUNTING STANDA	RDS BOARD	AND
777	TT TO ME	TNIED MILAM MILEDE ADE NO LINGEDMATN MAS	, DOCTUTONG MI	את שסוודה ד	7777777
)E.	EKM	INED THAT THERE ARE NO UNCERTAIN TAX	POSITIONS TH	AT MOOLD F	IAVE A
<i>I</i> 7	тетот	AL IMPACT ON THE FINANCIAL STATEMENT	יכ ספ שטפ ספכא	NIT 7 A TITON	
IA.	LEKI.	AL IMPACT ON THE PINANCIAL STATEMENT	OF INE ONGA	NIZATION.	

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

2023

Open to Public Inspection

Name of the organization **Employer identification number** 81-3741447 THE FOUNTAIN FUND Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) CIMA CONSULTING - 333 2ND PROVIDES FUNDRAISING Yes No STREET SE, SUITE 208 RESEARCH, GRANT WRITING Х 0 48,000 -48,000. 48 000 -48 000. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

SEE PART IV FOR CONTINUATIONS
LHA 332081 09-13-23

Schedule G (Form 990) 2023

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

81-3741447 Page 2 THE FOUNTAIN FUND Schedule G (Form 990) 2023 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2023 332082 09-13-23

b If "Yes," explain:

Schedule G (Form 990) 2023 THE FOUNTAIN FUND	81-3/4144/ 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:	
a 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 recor	
Name	
Address	
15a 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 ar	nount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
47. Manualakan, diakiib, diana.	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Yes No
retain the state gaming license?	
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 \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v): and Part III lines 0 0h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, and rait iii, iiiles 9, 90, 100,
Too, To, and Tro, as applicable. The provide any additional information. God includetions.	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
/I NAME OF FINDDATGED. GIVA CONGULTING	
(I) NAME OF FUNDRAISER: CIMA CONSULTING	
(I) ADDRESS OF FUNDRAISER:	
333 2ND STREET SE, SUITE 208, CHARLOTTESVILLE, VA 22902	
(II) ACTIVITY: PROVIDES FUNDRAISING RESEARCH, GRANT WRITING,	DATA AND EVALU

Schedule G (Form 990) THE	FOUNTAIN	FUND	81-3741447	Page 4
Schedule G (Form 990) THE Part IV Supplemental Information	(continued)			

SCHEDULE L

Department of the Treasury

(a) Name of disqualified person

Internal Revenue Service

(Form 990)

(1)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

(d) Corrected?

No

Yes

Open to Public Inspection

Name of the organization THE FOUNTAIN FUND Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

(b) Relationship between disqualified

person and organization

Employer identification number

81-3741447

(c) Description of transaction

(2)													
(3)													
(4)													
(5)													
(6)													
	Enter the amount of tax is section 4958						ing the year under		\$			·	
2	Enter the amount of tax,												
3	Enter the amount of tax,	ii airy, oir iirie 2, a	above, reimburs	eu by	uie oig	janization			Ф				
Pa	rt II Loans to and	l/or From Inte	erested Pers	sons									
					00 E7	Part V line 38a or	Form 990, Part IV, lir	26.	or if th	o orac	nizati	an.	
	•	· ·				, Fait V, iiile 30a, Oi	roiiii 990, Pait IV, III	le 20,	Or II ti	ie orga	ai iizatii	JII	
	reported an amo			 	an to or	(a) Original	(f) Dalaman alma	(g) In (h) Approved (i) Written			ritton		
	(a) Name of interested person	(b) Relationship with organization	of loan from the prin		(e) Original principal amount	(f) Balance due	(9) This heard or (1)		agreer				
	miorestea person	January or gameation	0110411		zation?	printe pair anno ann		<u> </u>	1				
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota		•				\$			•		•		

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Grants or Assistance Benefiting Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

	410 E (1 01111 000) E0E0 ==== = =	DUNTAIN FUND		81-3741	447	Page 2
Part		-				
	_	"Yes" on Form 990, Part IV, line 28a, 28		(a) Description of	(e) Sha	aring of
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	zation's
		porcon and the organization			Yes	nues?
(1)R(OBERT VICELLIO	SPOUSE OF EXECUTIVE	8 575.	DISCOUNTED	162	No X
(2)	OBERT VIOLETTO	DIGODE OF EMEGGIFUE	0,373	DIBOOONIED		
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)	W 0 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Part		onses to questions on Schedule L. See in	nstructions			
			1011 0 0 1101 101			
SCH	L, PART IV, BUSINESS T	RANSACTIONS INVOLVING	G INTERESTE	D PERSONS:		
(A)	NAME OF PERSON: ROBERT	VICELLIO				
<u>(B)</u>	RELATIONSHIP BETWEEN I	NTERESTED PERSON AND	ORGANIZATI	ON:		
anoi	ICE OF EXECUTIVE DIDECT	OD				
SPO	JSE OF EXECUTIVE DIRECT	OR				
(C)	AMOUNT OF TRANSACTION	\$ 8,575.				
(D)	DESCRIPTION OF TRANSAC	TON, DISCOUNTED DIG	TTAI. DESTAN	I CEDVICEC		
(D)	DEBERTITION OF TRANSAC	TION: DIBCOUNTED DIG	IIAH DESIGN	DERVICED		
(E)	SHARING OF ORGANIZATIO	N REVENUES? = NO				

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FOUNTAIN FUND

Employer identification number 81-3741447

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THEIR LIVES AND REMAIN IN THEIR COMMUNITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS A DRAFT OF THE FORM 990
ANNUALLY. BASED UPON THAT REVIEW, IF THERE ARE CORRECTIONS, THE FORM 990 IS
APPROVED, FINALIZED, AND FILED WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY IS REVIEWED AND RECERTIFIED ANNUALLY WITH
DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 15:
THE FUND'S BOARD AND MANAGEMENT EVALUATE COMPENSATION BASED ON INDUSTRY
KNOWLEDGE AND COMPENSATION PAID BY COMPARABLY SIZED ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 18:
THE ORGANIZATION'S FORM 1023 AND FORM 990 ARE AVAILABLE TO THE PUBLIC UPON
REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE
AVAILABLE AT THE ORGANIZATION'S OFFICE UPON REQUEST.
FORM 990, PART XI, LINE 2C
THE BOARD OF DIRECTORS IS RESPONSIBLE FOR THE SELECTION AND RETENTION

332211 11-14-23

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

Schedule O (Form 990) 2023