

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FOUNDATION 2 INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
1714 JOHNSON AVENUE NW

City or town, state or province, country, and ZIP or foreign postal code
CEDAR RAPIDS, IA 52405

D Employer identification number
42-1078444

E Telephone number
(319) 362-1170

G Gross receipts \$ 4,541,774

F Name and address of principal officer
EMILY BLOMME
1714 JOHNSON AVENUE NW
CEDAR RAPIDS, IA 52405

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW FOUNDATION2 ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1970

M State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO BE A TRUSTED, COMPASSIONATE RESOURCE FOR PEOPLE IN CRISIS BY OFFERING COUNSELING, SAFETY AND SUPPORT DURING DIFFICULT TIMES

2 Check this box 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)	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	115
6 Total number of volunteers (estimate if necessary)	92
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	873,066	868,881
9 Program service revenue (Part VIII, line 2g)	3,367,108	3,539,834
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,621	19,158
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,270,795	4,427,873

13 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)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,110,485	3,190,804
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,077		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,194,572	1,166,935
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,305,057	4,357,739
19 Revenue less expenses Subtract line 18 from line 12	-34,262	70,134

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,628,037	2,645,389
21 Total liabilities (Part X, line 26)	291,241	261,202
22 Net assets or fund balances Subtract line 21 from line 20	2,336,796	2,384,187

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.

Sign Here
Signature of officer: *****
Date: 2018-10-30
EMILY BLOMME EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: JOSEPH B RYAN CPA
Preparer's signature: JOSEPH B RYAN CPA
Date: 2018-10-30
Check if self-employed
PTIN: P00769873
Firm's name: ▶ TDT CPAS AND ADVISORS PC
Firm's EIN: ▶ 42-1029744
Firm's address: ▶ 317 HIGH AVE E
OSKALOOSA, IA 525772823
Phone no: (641) 672-2523

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

FOUNDATION 2, INC IS A NOT-FOR-PROFIT HUMAN SERVICE AGENCY THAT OFFERS CRISIS PREVENTION AND INTERVENTION PROGRAMS TO PEOPLE OF ALL AGES WE ARE COMMITTED TO POSITIVE YOUTH DEVELOPMENT, SUICIDE PREVENTION AND HELPING BUILD THE FOUNDATION FOR STRONGER AND HEALTHIER FAMILIES AND SAFER COMMUNITIES FOR EVERYONE THE AGENCY WAS ESTABLISHED IN 1970 BY A GROUP OF CEDAR RAPIDS AREA COLLEGE AND HIGH SCHOOL VOLUNTEERS WHO BELIEVED THAT CRITICAL MENTAL AND EMOTIONAL HEALTH ISSUES OF THE DAY WERE NOT BEING ADDRESSED BY MAINSTREAM PROVIDERS FORTY-EIGHT YEARS LATER THAT GRASSROOTS SPIRIT OF HELPING OTHERS IN NEED STILL UNDERLIES OUR AGENCY'S MISSION TO BE A TRUSTED, COMPASSIONATE RESOURCE FOR PEOPLE IN CRISIS BY OFFERING COUNSELING, SAFETY AND SUPPORT DURING DIFFICULT TIMES

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 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 No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,147,137 including grants of \$) (Revenue \$ 665,199)
See Additional Data

4b (Code) (Expenses \$ 1,171,307 including grants of \$) (Revenue \$ 1,171,496)
See Additional Data

4c (Code) (Expenses \$ 1,040,657 including grants of \$) (Revenue \$ 1,203,228)
See Additional Data

(Code) (Expenses \$ 492,360 including grants of \$) (Revenue \$ 499,911)
INDEPENDENT LIVING PROGRAMS THE FOUNDATION 2, INC INDEPENDENT LIVING PROGRAMS PROVIDE HOUSING SUPPORT, LIFE SKILL TRAINING, AND CASE MANAGEMENT SERVICES TO YOUTH AGES 16 TO 21 WHO ARE WITHOUT A SAFE OR STABLE PLACE TO LIVE THE PROGRAMS INCLUDED ARE TRANSITIONAL LIVING, PROVIDING HOUSING SUPPORT FOR YOUNG ADULTS WHO ARE UNABLE TO REMAIN AT HOME, FACILITATION OF AMP (ACHIEVING MAXIMUM POTENTIAL) HELPED 137 CLIENTS IN THE CEDAR RAPIDS AREA THROUGH THIS STATEWIDE ADVOCACY NETWORK OF CURRENT AND FORMER FOSTER CARE YOUTH, IOWA AFTERCARE AND PREPARING FOR ADULT LIVING, PROVIDED SUPPORT AND FINANCIAL ASSISTANCE TO 93 FORMER FOSTER CARE YOUTH, AND THE ACCOUNTABILITY PROGRAM, A COLLABORATION WITH JUVENILE COURT SERVICES, PROVIDED SUPPORT TO 56 YOUNG ADULTS AS THEY WORKED TO COMPLETE THEIR COURT REQUIREMENTS THE INDEPENDENT LIVING PROGRAMS ASSISTED 286 YOUTH DURING THE 2018 FISCAL YEAR

4d Other program services (Describe in Schedule O)
(Expenses \$ 492,360 including grants of \$) (Revenue \$ 499,911)

4e Total program service expenses ▶ 3,851,461

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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? <i>If "Yes," complete Schedule J</i>		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	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)?		No
b	If "Yes," enter the name of the foreign country <input type="text"/> 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17, 18, 19, 20.

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 instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HOLLIE TRENARY PRESIDENT	1 00	X		X				0	0	0
(2) HEATHER RIES VICE PRESIDE	1 00	X		X				0	0	0
(3) ALEX TRUNNELL SECRETARY	1 00	X		X				0	0	0
(4) LEE SWANSON TREASURER	1 00	X		X				0	0	0
(5) HEATHER AKERS DIRECTOR	1 00	X						0	0	0
(6) LARY BELMAN DIRECTOR	1 00	X						0	0	0
(7) ELSWORTH CARMAN JOINED 318 DIRECTOR	1 00	X						0	0	0
(8) VALERIE CLAY JOINED 418 DIRECTOR	1 00	X						0	0	0
(9) JOSEPH CONWAY DIRECTOR	1 00	X						0	0	0
(10) JADE GROEN DIRECTOR	1 00	X						0	0	0
(11) JILL HOCKADAY JOINED 418 DIRECTOR	1 00	X						0	0	0
(12) AMY KADUCE JOINED 318 DIRECTOR	1 00	X						0	0	0
(13) RENEE NELSON JOINED 218 DIRECTOR	1 00	X						0	0	0
(14) JAKE SHARPE JOINED 218 DIRECTOR	1 00	X						0	0	0
(15) CHRISTY HAMBLIN RESIGNED 1117 DIRECTOR	1 00	X						0	0	0
(16) ERIC HEARN RESIGNED 518 DIRECTOR	1 00	X						0	0	0
(17) ELLEN RAMSEY-KACENA RESIGNED 518 DIRECTOR	1 00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KARA LYFTOGT VANDE HAAR -RESIGN 518 DIRECTOR	1 00	X						0	0	
(19) EMILY BLOMME EXECUTIVE DI	40 00			X				93,056	0	
(20) AUDREY MEYER FINANCE DIRE	40 00			X				82,404	0	
1b Sub-Total								175,460	13,282	
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CRISIS CENTER OF JOHNSON COUNTY, 1121 GILBERT CT IOWA CITY, IA 52240	SUBCONTRACT	349,360
WELLMARK BLUE CROSS BLUE SHIELD, PO BOX 14456 DES MOINES, IA 50306	INSURANCE	168,547

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	549,505				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	207,250				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	112,126				
	g Noncash contributions included in lines 1a-1f \$ _____		3,772				
	h Total. Add lines 1a-1f			868,881			
Program Service Revenue			Business Code				
	2a CONTRACTS		624200	3,414,787	3,414,787		
	b INSURANCE		624200	91,907	91,907		
	c PRIVATE PAY		624200	33,140	33,140		
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			3,539,834				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			16,887		16,887	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		113,422	2,750		
		c Gain or (loss)		111,508	2,393		
		d Net gain or (loss)		1,914	357	2,271	2,271
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b				
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			4,427,873	3,539,834		19,158	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	194,246	869	193,377	
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 Other salaries and wages.	2,087,093	1,975,502	71,391	40,200
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	56,461	50,745	5,365	351
9 Other employee benefits.	584,711	523,574	50,942	10,195
10 Payroll taxes.	268,293	240,676	23,751	3,866
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	15,505		15,505	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	2,838		2,838	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	378,883	356,632	22,251	
12 Advertising and promotion.	12,885	10,790	1,575	520
13 Office expenses.	63,243	50,240	8,457	4,546
14 Information technology.	89,531	69,560	18,440	1,531
15 Royalties.				
16 Occupancy.	127,342	126,137		1,205
17 Travel.	55,554	54,284	1,052	218
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	18,771	17,401	1,370	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	81,189	67,667	13,522	
23 Insurance.	20,240	15,383	4,670	187
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a CLIENT ASSISTANCE	241,637	241,637		
b EQUIPMENT RENTAL & MAINTENANCE	22,093	17,465	4,556	72
c BAD DEBT	19,582	19,582		
d DUES	13,746	12,273	1,323	150
e All other expenses	3,896	1,044	2,816	36
25 Total functional expenses. Add lines 1 through 24e.	4,357,739	3,851,461	443,201	63,077
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	300	1	500
	2 Savings and temporary cash investments	243,086	2	424,457
	3 Pledges and grants receivable, net	1,080,576	3	1,136,362
	4 Accounts receivable, net	3,491	4	3
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	64,637	9	12,919
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,371,742		
	b Less accumulated depreciation	989,069		
	11 Investments—publicly traded securities	795,071	11	672,706
	12 Investments—other securities See Part IV, line 11	3,346	12	1,328
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	14,834	15	14,441
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,628,037	16	2,645,389	
Liabilities	17 Accounts payable and accrued expenses	277,585	17	260,006
	18 Grants payable		18	
	19 Deferred revenue	4,750	19	1,196
	20 Tax-exempt bond liabilities	8,906	20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	291,241	26	261,202
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,801,171	27	1,861,562
	28 Temporarily restricted net assets	535,625	28	522,625
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,336,796	33	2,384,187
	34 Total liabilities and net assets/fund balances	2,628,037	34	2,645,389

Part 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)	1	4,427,873
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,357,739
3	Revenue less expenses Subtract line 2 from line 1	3	70,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,336,796
5	Net unrealized gains (losses) on investments	5	-22,743
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 in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,384,187

Part XII Financial Statements and Reporting

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

		Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:

Software Version:

EIN: 42-1078444

Name: FOUNDATION 2 INC

Form 990 (2017)

Form 990, Part III, Line 4a:

1)YOUTH SERVICE FOUNDATION 2, INC OPERATES YOUTH EMERGENCY SERVICES, INCLUDING A SHELTER LICENSED FOR 17 BEDS FOR YOUTH BETWEEN THE AGES OF 11 TO 17 AT RISK OF RUNAWAY OR BECOMING HOMELESS THE YOUTH WHO STAY AT THE SHELTER MAY REFER THEMSELVES FOR HELP, OR MAY BE REFERRED TO US BY THE DEPARTMENT OF HUMAN SERVICES, JUVENILE COURT SERVICES, LAW ENFORCEMENT, SCHOOLS, CHURCHES OR ANY OTHER MEMBER OF THE COMMUNITY THE GOAL OF THE SHELTER PROGRAM IS TO PROVIDE SAFETY AND SUPPORT, AND ASSIST THE YOUNG PERSON IN RETURNING HOME OR TO ANOTHER SAFE DESTINATION FOUNDATION 2, INC OFFERS IN-HOME SERVICES AS AN ALTERNATIVE TO OUT-OF-HOME PLACEMENT FOR YOUTH REFERRED TO US BY THE DEPARTMENT OF HUMAN SERVICES, JUVENILE COURT SERVICES OR LAW ENFORCEMENT IN FISCAL YEAR 2018 FOUNDATION 2, INC HAD 264 ADMISSIONS TO SHELTER, PROVIDING SERVICES TO 202 DIFFERENT YOUTH WHO WERE EXPERIENCING A PERSONAL OR FAMILY CRISIS OF THE RUNAWAY AND HOMELESS YOUTH WHO HAD A SHELTER STAY, 82% RETURNED HOME OR TO ANOTHER SAFE DESTINATION AFTER LEAVING SHELTER CARE FOUNDATION 2, INC PROVIDED 67 FAMILIES IN-HOME SHELTER CARE DURING FISCAL YEAR 2018 FAMILY AND INDIVIDUAL COUNSELING IS OFFERED BY FOUNDATION 2, INC FOR BOTH RUNAWAY AND HOMELESS YOUTH IN THE SHELTER AND FOR YOUTH WHO COME TO THE FACILITY FOR SUPPORT, BUT DO NOT REQUIRE A SHELTER STAY FOUNDATION 2, INC WAS ABLE TO PROVIDE COUNSELING SERVICES TO 193 FAMILIES DURING THE 2018 FISCAL YEAR FOR THE YEAR, 95% OF FAMILY COUNSELING CLIENTS REPORTED EXPERIENCING A DECREASE IN THEIR LEVEL OF CRISIS AFTER RECEIVING SERVICES FROM FOUNDATION 2, INC

Form 990, Part III, Line 4b:

CRISIS CENTER SERVICES FOR BOTH YOUTH AND ADULTS, FOUNDATION 2, INC PROVIDES 24 HOUR STATEWIDE TELEPHONE CRISIS COUNSELING 365 DAYS OF THE YEAR FOUNDATION 2 ALSO PROVIDES CRISIS CHAT AND TEXT SERVICES WHILE CONNECTING WITH CLIENTS, FOUNDATION 2 STAFF LISTENS TO THE CALLER'S CONCERNS AND ASSESSES THE LEVEL OF CRISIS AND WHETHER THE CALLER HAS SUICIDAL THOUGHTS OR PLANS THE COUNSELOR WORKS WITH THE CALLER TO DETERMINE THE BEST RESPONSE TO ALLEVIATE THE SEVERITY OF THE SITUATION CALLER'S NEEDS RANGE FROM SUPPORTIVE LISTENING TO EMERGENCY INTERVENTION IN THE 2018 FISCAL YEAR, FOUNDATION 2, INC RECEIVED 31,018 REQUESTS FOR COUNSELING IN ADDITION, CRISIS COUNSELING STAFF MADE 1,117 CALLS BACK TO CLIENTS AS PART OF THEIR CARE PLAN FOUNDATION 2, INC HAS BEEN CERTIFIED BY THE AMERICAN ASSOCIATION OF SUICIDOLOGY FOR OVER 29 YEARS AND HAS ANSWERED CALLS 24 HOURS A DAY FOR NATIONAL SUICIDE PREVENTION LIFELINE SINCE ITS INCEPTION CRISIS PROGRAM CLIENTS REPORTED A 91% DECREASE IN SUICIDE RISK AND 78% REPORTED A DECREASE IN CRISIS RISK AFTER RECEIVING SERVICES FROM FOUNDATION 2, INC DURING THE 2018 FISCAL YEAR INDIVIDUAL THERAPY SERVICES ARE OFFERED BY TWO LISW'S ON STAFF WITH THE AGENCY AND ONE LMHC DURING FISCAL YEAR 2018 FOUNDATION 2 PROVIDED THERAPY SESSIONS TO 129 CLIENTS BY DESIGN, THE THERAPY PROGRAM ENDED MARCH 31, 2018 IN ADDITION, TWO ADULT SUPPORT GROUPS ARE OFFERED THE DEPRESSION AND ANXIETY GROUP MEETS WEEKLY AND THE SUICIDE SURVIVORS GROUP MEETS TWICE EACH MONTH DURING THE LAST FISCAL YEAR, 52 CLIENTS PARTICIPATED IN THE SUICIDE SURVIVORS SUPPORT GROUP AND 50 CLIENT PARTICIPATED IN THE DEPRESSION AND ANXIETY SUPPORT GROUP YOUTH SUICIDE SURVIVORS SUPPORT GROUP THIS SUPPORT GROUP IS FOR ADOLESCENTS WHO NEED A SAFE AND SECURE PLACE TO TALK ABOUT LOSING SOMEONE TO A SUICIDE DEATH THE GROUP IS OPEN TO BROTHERS OR SISTERS, CHILDREN, OR FRIENDS OF SUICIDE VICTIMS SURVIVORS AT ANY STAGE OF THEIR GRIEVING PROCESS ARE WELCOME THIS GROUP MEETS THE 2ND AND 4TH TUESDAYS OF EACH MONTH, THE SAME TIME AS THE ADULT GROUP THIS GROUP IS FACILITATED BY A FOUNDATION 2 FAMILY COUNSELOR AND A SUICIDE LOSS SURVIVOR

Form 990, Part III, Line 4c:

MOBILE CRISIS OUTREACH FOUNDATION 2, INC PROVIDES ADDITIONAL CRISIS SERVICES FOR THE COMMUNITY INCLUDING CRISIS WALK-IN COUNSELING SESSIONS AND MOBILE CRISIS OUTREACH IN LINN, BENTON, JONES, DELAWARE, BREMER, BUCHANAN AND CEDAR COUNTIES IN ADDITION, FOUNDATION 2 PROVIDES CRISIS PHONE COUNSELING AND DISPATCH SERVICES TO MOBILE CRISIS OUTREACH TEAMS STAFFED BY THE CRISIS CENTER OF JOHNSON COUNTY AND HILLCREST FAMILY SERVICES THE CRISIS CENTER OF JOHNSON COUNTY IS A SUBCONTRACTOR FOR FOUNDATION 2 AND COVERS JOHNSON AND IOWA COUNTIES AND HILLCREST COVERS DUBUQUE COUNTY MOBILE CRISIS OUTREACH DISPATCHES TWO CRISIS COUNSELORS TO TRAVEL TO A HOME, WORK, SCHOOL, OR OTHER LOCATION TO PROVIDE IN-PERSON CRISIS COUNSELING IN ADDITION, MOBILE CRISIS OUTREACH PARTNERS WITH LAW ENFORCEMENT FOR DE-ESCALATION AND CRISIS RESPONSE UPON ARRIVAL STAFF WILL ASSESS THE SITUATION, ATTEMPT TO STABILIZE AND DIFFUSE THE CRISIS, AS WELL AS PROVIDE COUNSELING AND REFERRALS FOUNDATION 2, INC RESPONDED TO 1,531 CRISIS OUTREACH REQUESTS IN THE PAST FISCAL YEAR CRISIS OUTREACH SERVICES ARE USED TO SCREEN AND ADMIT CLIENTS TO CRISIS STABILIZATION BEDS WHEN THEY CAN BENEFIT FROM A TEMPORARY SEPARATION FROM THEIR CURRENT LIVING ARRANGEMENT, BUT DO NOT REQUIRE HOSPITALIZATION

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
FOUNDATION 2 INC

Employer identification number

42-1078444

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,064,130	1,043,476	999,906	873,066	868,881	4,849,459
2	Tax revenues levied for the organization'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	1,064,130	1,043,476	999,906	873,066	868,881	4,849,459
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						4,849,459

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,064,130	1,043,476	999,906	873,066	868,881	4,849,459
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,086	18,194	18,762	22,343	16,887	93,272
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.)	30,820	4,751				35,571
11	Total support. Add lines 7 through 10						4,978,302
12	Gross receipts from related activities, etc. (see instructions)					12	7,517,803

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.410 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	97.500 %

- 16a 33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in 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 .		
	9c		
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.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>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 that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	RETIREMENT FORFEITURE 5,571 INSURANCE PROCEEDS 30,000

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
FOUNDATION 2 INC

Employer identification number
42-1078444

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic 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 easement on the last day of the tax year

	Held at the End of the 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 in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) 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 describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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 SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | |
| (ii) related organizations | | |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		55,171		55,171
b Buildings		920,567	755,883	164,684
c Leasehold improvements				
d Equipment		396,004	233,186	162,818
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				382,673

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered "Yes" on 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)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

2. 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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,406,070
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-22,743
b	Donated services and use of facilities	2b	940
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-21,803
3	Subtract line 2e from line 1	3	4,427,873
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	4,427,873

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,358,679
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	940
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	940
3	Subtract line 2e from line 1	3	4,357,739
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	4,357,739

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 42-1078444

Name: FOUNDATION 2 INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE ORGANIZATION IS A NONPROFIT ORGANIZATION AS DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES THE IRS HAS NOT CLASSIFIED THE ORGANIZATION AS A PRIVATE FOUNDATION THE ORGANIZATION FILES INFORMATION RETURNS WITH THE U S FEDERAL JURISDICTION AND FOLLOWS THE STANDARD FOR EVALUATING UNCERTAIN TAX POSITIONS THE ORGANIZATION HAS DETERMINED THAT IT WAS NOT REQUIRED TO RECORD A LIABILITY RELATED TO UNCERTAIN TAX POSITIONS THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
FOUNDATION 2 INC

Employer identification number

42-1078444

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Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	FOUNDATION 2, INC IS A NOT-FOR-PROFIT HUMAN SERVICE AGENCY THAT OFFERS CRISIS PREVENTION AND INTERVENTION PROGRAMS TO PEOPLE OF ALL AGES WE ARE COMMITTED TO POSITIVE YOUTH DEVELOPMENT, SUICIDE PREVENTION AND HELPING BUILD THE FOUNDATION FOR STRONGER AND HEALTHIER FAMILIES AND SAFER COMMUNITIES FOR EVERYONE THE AGENCY WAS ESTABLISHED IN 1970 BY A GROUP OF CEDAR RAPIDS AREA COLLEGE AND HIGH SCHOOL VOLUNTEERS WHO BELIEVED THAT CRITICAL MENTAL AND EMOTIONAL HEALTH ISSUES OF THE DAY WERE NOT BEING ADDRESSED BY MAINSTREAM PROVIDERS FORTY-EIGHT YEARS LATER THAT GRASSROOTS SPIRIT OF HELPING OTHERS IN NEED STILL UNDERLIES OUR AGENCY'S MISSION TO BE A TRUSTED, COMPASSIONATE RESOURCE FOR PEOPLE IN CRISIS BY OFFERING COUNSELING, SAFETY AND SUPPORT DURING DIFFICULT TIMES

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	ADMISSIONS TO SHELTER, PROVIDING SERVICES TO 202 DIFFERENT YOUTH WHO WERE EXPERIENCING A PERSONAL OR FAMILY CRISIS OF THE RUNAWAY AND HOMELESS YOUTH WHO HAD A SHELTER STAY, 82% RETURNED HOME OR TO ANOTHER SAFE DESTINATION AFTER LEAVING SHELTER CARE FOUNDATION 2, INC PROVIDED 67 FAMILIES IN-HOME SHELTER CARE DURING FISCAL YEAR 2018 FAMILY AND INDIVIDUAL COUNSELING IS OFFERED BY FOUNDATION 2, INC FOR BOTH RUNAWAY AND HOMELESS YOUTH IN THE SHELTER AND FOR YOUTH WHO COME TO THE FACILITY FOR SUPPORT, BUT DO NOT REQUIRE A SHELTER STAY FOUNDATION 2, INC WAS ABLE TO PROVIDE COUNSELING SERVICES TO 193 FAMILIES DURING THE 2018 FISCAL YEAR FOR THE YEAR, 95% OF FAMILY COUNSELING CLIENTS REPORTED EXPERIENCING A DECREASE IN THEIR LEVEL OF CRISIS AFTER RECEIVING SERVICES FROM FOUNDATION 2, INC

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	BY THE AMERICAN ASSOCIATION OF SUICIDOLOGY FOR OVER 29 YEARS AND HAS ANSWERED CALLS 24 HOURS A DAY FOR NATIONAL SUICIDE PREVENTION LIFELINE SINCE ITS INCEPTION CRISIS PROGRAM CLIENTS REPORTED A 91% DECREASE IN SUICIDE RISK AND 78% REPORTED A DECREASE IN CRISIS RISK AFTER RECEIVING SERVICES FROM FOUNDATION 2, INC DURING THE 2018 FISCAL YEAR INDIVIDUAL THERAPY SERVICES ARE OFFERED BY TWO LISW'S ON STAFF WITH THE AGENCY AND ONE LMHC DURING FISCAL YEAR 2018 FOUNDATION 2 PROVIDED THERAPY SESSIONS TO 129 CLIENTS BY DESIGN, THE THERAPY PROGRAM ENDED MARCH 31, 2018 IN ADDITION, TWO ADULT SUPPORT GROUPS ARE OFFERED THE DEPRESSION AND ANXIETY GROUP MEETS WEEKLY AND THE SUICIDE SURVIVORS GROUP MEETS TWICE EACH MONTH DURING THE LAST FISCAL YEAR, 52 CLIENTS PARTICIPATED IN THE SUICIDE SURVIVORS SUPPORT GROUP AND 50 CLIENT PARTICIPATED IN THE DEPRESSION AND ANXIETY SUPPORT GROUP YOUTH SUICIDE SURVIVORS SUPPORT GROUP THIS SUPPORT GROUP IS FOR ADOLESCENTS WHO NEED A SAFE AND SECURE PLACE TO TALK ABOUT LOSING SOMEONE TO A SUICIDE DEATH THE GROUP IS OPEN TO BROTHERS OR SISTERS, CHILDREN, OR FRIENDS OF SUICIDE VICTIMS SURVIVORS AT ANY STAGE OF THEIR GRIEVING PROCESS ARE WELCOME THIS GROUP MEETS THE 2ND AND 4TH TUESDAYS OF EACH MONTH, THE SAME TIME AS THE ADULT GROUP THIS GROUP IS FACILITATED BY A FOUNDATION 2 FAMILY COUNSELOR AND A SUICIDE LOSS SURVIVOR

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	ENFORCEMENT FOR DE-ESCALATION AND CRISIS RESPONSE UPON ARRIVAL STAFF WILL ASSESS THE SITUATION, ATTEMPT TO STABILIZE AND DIFFUSE THE CRISIS, AS WELL AS PROVIDE COUNSELING AND REFERRALS FOUNDATION 2, INC RESPONDED TO 1,531 CRISIS OUTREACH REQUESTS IN THE PAST FISCAL YEAR CRISIS OUTREACH SERVICES ARE USED TO SCREEN AND ADMIT CLIENTS TO CRISIS STABILIZATION BEDS WHEN THEY CAN BENEFIT FROM A TEMPORARY SEPARATION FROM THEIR CURRENT LIVING ARRANGEMENT, BUT DO NOT REQUIRE HOSPITALIZATION

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Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	INDEPENDENT LIVING PROGRAMS THE FOUNDATION 2, INC INDEPENDENT LIVING PROGRAMS PROVIDE HOUSING SUPPORT, LIFE SKILL TRAINING, AND CASE MANAGEMENT SERVICES TO YOUTH AGES 16 TO 21 WHO ARE WITHOUT A SAFE OR STABLE PLACE TO LIVE THE PROGRAMS INCLUDED ARE TRANSITIONAL LIVING, PROVIDING HOUSING SUPPORT FOR YOUNG ADULTS WHO ARE UNABLE TO REMAIN AT HOME, FACILITATION OF AMP (ACHIEVING MAXIMUM POTENTIAL) HELPED 137 CLIENTS IN THE CEDAR RAPIDS AREA THROUGH THIS STATEWIDE ADVOCACY NETWORK OF CURRENT AND FORMER FOSTER CARE YOUTH, IOWA AFTERCARE AND PREPARING FOR ADULT LIVING, PROVIDED SUPPORT AND FINANCIAL ASSISTANCE TO 93 FORMER FOSTER CARE YOUTH, AND THE ACCOUNTABILITY PROGRAM, A COLLABORATION WITH JUVENILE COURT SERVICES, PROVIDED SUPPORT TO 56 YOUNG ADULTS AS THEY WORKED TO COMPLETE THEIR COURT REQUIREMENTS THE INDEPENDENT LIVING PROGRAMS ASSISTED 286 YOUTH DURING THE 2018 FISCAL YEAR

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	FOUNDATION 2, INC'S FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM, TDT CPAS AND ADVISORS, P C (TDT) TDT PROVIDES A DRAFT OF THE FORM 990 TO FOUNDATION 2, INC FOUNDATION 2, INC THEN SENDS THE DRAFT TO DESIGNATED FINANCE COMMITTEE MEMBERS THE FINANCIAL DIRECTOR AND DESIGNATED FINANCE COMMITTEE MEMBERS WILL REVIEW THE FORM 990 ANY COMMENTS AND QUESTIONS WILL BE RETURNED TO THE FINANCIAL DIRECTOR WITHIN ONE WEEK, QUESTIONS WILL THEN BE SENT BACK TO TDT TDT WILL RESPOND TO ANY COMMENTS AND QUESTIONS, AND THEN SEND THE FINAL COPY TO FOUNDATION 2, INC THE FULL BOARD WILL RECEIVE THAT COPY OF THE FORM 990 PRIOR TO THE RETURN BEING FILED

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>THE CONFLICT OF INTEREST POLICY APPLIES TO BOTH EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS EMPLOYEES AND DIRECTORS HAVE A DUTY TO DISCLOSE ANY POTENTIAL CONFLICT THROUGHOUT THE YEAR AS WELL AS SIGN AN ANNUAL AFFIRMATION OF RECEIPT AND UNDERSTANDING OF THE CONFLICT OF INTEREST POLICY, WHERE THE AFOREMENTIONED DUTY TO DISCLOSE IS OUTLINED THE PROGRAM DIRECTOR AND THE EXECUTIVE DIRECTOR DETERMINE WHETHER A POTENTIAL CONFLICT IS AN ACTUAL CONFLICT WITH REGARD TO EMPLOYEES, THE DETERMINATION FOR BOARD MEMBERS IS MADE BY DIRECTORS AND COMMITTEE MEMBERS WITH BOARD DELEGATED POWERS THAT ARE NOT IN CONFLICT IF AN ACTUAL CONFLICT ARISES THE EXECUTIVE DIRECTOR AND PROGRAM DIRECTOR WILL REVIEW THE CONFLICT FOR EMPLOYEES, THE CONFLICTS OF BOARD MEMBERS ARE REVIEWED BY THE MEMBERS OF THE BOARD OF DIRECTORS WHO ARE NOT IN CONFLICT IN EITHER CASE, THE MEMBER IN CONFLICT IS NOT PRESENT FOR THE FINAL DELIBERATION OR VOTE, BUT IS GIVEN THE OPPORTUNITY TO PRESENT THEIR CASE PRIOR TO SUCH FINAL DELIBERATION AND VOTE THE FINAL DECISIONS AS IT RELATES TO THE PERSON IN CONFLICT IS PROVIDED TO THE EMPLOYEE IN WRITING ANY POTENTIAL OR ACTUAL CONFLICT FOR AN EMPLOYEE IS DOCUMENTED IN AN EMPLOYEE'S PERSONNEL FILE AND DISCUSSED AND NOTED IN THE BOARD MEETINGS SHOULD THE SCOPE WARRANT IT ANY POTENTIAL OR ACTUAL CONFLICT FOR A BOARD MEMBER SHALL BE DOCUMENTED IN THE COMMITTEE AND BOARD MEETING MINUTES</p>

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	FOUNDATION 2 BOARD MEMBERS COMPARED EXECUTIVE COMPENSATION FROM SIMILAR BUDGETS, NUMBERS OF FULL TIME STAFF, EDUCATION, REGION, AND EXPERIENCE THIS PROCESS WAS COMPLETED IN 2018

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE DIRECTOR HIRES AND SETS COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES A N EFFORT IS MADE TO DETERMINE APPROPRIATE COMPENSATION BASED ON THE AGENCY SIZE, REVENUES, ORGANIZATION STRUCTURES, RESPONSIBILITY, EDUCATION COMPLETED, AND EXPERIENCE OF THE EMPLO YEE THE PROCESS TO DETERMINE COMPENSATION INCLUDES, COLLECTING COMPARABLE SALARIES, THROU GH REVIEW OF PUBLIC MATERIALS, ENSURING THAT NO ONE INVOLVED IN SETTING SALARIES HAS A CON FLICT OF INTEREST, AND DOCUMENTATION OF THE DECISION SALARIES ARE ALSO COMPARED WITH THE COALITION FOR FAMILY AND CHILDREN'S SERVICES IN IOWA AND WITH THE ALLIANCE FOR STRONG FAMI LIES AND COMMUNITIES NATIONAL REPORT SALARY REVIEW BEGAN IN 2018

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Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST