OMB No 1545-1150

Short Form Return of Organization Exempt From Income Tax

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

2017

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

($\supset \overline{A}$	For the	2017 calendar year, or tax year beginning	, 2017,	and ending			, 20
į	IJВ	C Name of organization Address change Foster Arizona			D			lentification number ?
:	50					463920514		
	₹□	Name cha	Number and street (or P O box, if mail is not delivered to street ac	Idress) ?:	Room/suite	E Telep	hone n	number
'		Initial retu	PO BOX 20767			1		
	ال _ا د		City or town, state or province, country, and ZIP or foreign postal of	code		F Grou	лр Ехе	mption
	H	Application	return in pending Mesa, AZ 85277		0 <i>7</i>			> ?:
	٦		ting Method Cash Accrual Other (specify) ►					if the organization is not
_		Website			 ''			tach Schedule B
0	_			4947(a)(1) oi	527	•		0-EZ, or 990-PF)
ر ا			organization	☐ Other		(·		
			s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts ar	_	nore or if tot	al assets		
_			umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-		,		▶ ¢	105534
		art I	Revenue, Expenses, and Changes in Net Assets or F		es (see the	- instru	ctions	
2010			Check if the organization used Schedule O to respond to a		-			-
	- 1	1	Contributions, gifts, grants, and similar amounts received				1	62887
	• =	- 1	Program service revenue including government fees and contra				2	02007
G	_	: I					3	
Z AR	?:		Membership dues and assessments			• •	4	
≥	•	1 _	Investment income					
		5a	•					
⋰₩		b	Less. cost or other basis and sales expenses		no Fol	_	5.0	
Ź		C	Gain or (loss) from sale of assets other than inventory (Subtract Gaming and fundraising events	inte ab itom i	ne sa)		5c	
*		6	Gross income from gaming (attach Schedule G if greate	r than				
29301ANNED MAR	ē	а	\$15,000)	6a				
0	Revenue		Gross income from fundraising events (not including \$	ــــــــا	contributio	nc		
C)	ĕ	b	from fundraising events reported on line 1) (attach Schedule G		CONTRIBUTIO	115		
20	Œ	1	sum of such gross income and contributions exceeds \$15,000)			42647		
1 NOV			_			19810		
		l d	Less: direct expenses from gaming and fundraising events. Net income or (loss) from gaming and fundraising events (add		h 6h and si			
		"	line 6c)	inics oa and	. OD and St	Diract	6d	22837
66		70	Gross sales of inventory, less returns and allowances	. 7a	· · ·		ou .	22037
2		7a b						
ice S		1	Less: cost of goods sold	· · <u> </u>	<u> </u>		7c	
No		C					8	
ST.		8	Other revenue (describe in Schedule 0)				9	85724
Ö		10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				10	03724
		11	Benefits paid to or for members				11	 -
	Ø	1				• •	12	
	Še	13	Professional fees and other payments to independent contractors			• •	13	30476
	Expenses	14	Occupancy, rent, utilities, and maintenance				14	1019
	X	15	Printing, publications, postage, and shipping				15	166
	_	16	• • • • • • • • • • • • • • • • • • •			_ · ·	16	12014
		17	Other expenses (describe in Schedule O) 23	RECEI	VFD		17	43675
			Total expenses. Add lines 10 through 16	NEGLI	VLD	2	18	42049
	sts	18 19	Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 2)	Control to VI	(B) 160 301 C	e with	10	42049
	SS('	end-of-year figure reported on prior year's return)	, contemp gay	MAN agin	ጛ[^{՚՚՚} ''	_	12002
	Net Assets	20		100		= `	19	12983
	Š	20	Other changes in net assets or fund balances (explain in Schedi	1 31 -1 11-1	N; UT	ا ز ل	20	55032
		21 Paner	Net assets or fund balances at end of year. Combine lines 18th		No. 100401	- · . <u> </u>	4 1	Form 990-EZ (2017)
	ror	raperv	work Reduction Act Notice, see the separate instructions.	Cat	No 10642I			10HH 330-LE (2017)

			ons for Part II)				_
	Check	cif the organization used Sche	dule O to respond to a	any question in this	Part II		
22	Cook sovin	as and investments		-	9383		55032
22 23		gs, and investments			7303	23	55032
24		s (describe in Schedule O)			3600		
25					12983	_	55032
26		ties (describe in Schedule O)				26	
27		or fund balances (line 27 of col		-	12983		55032
Pari		ment of Program Service Acc			Part III)		···
	 Check	cif the organization used Scheo	dule O to respond to a	ny question in this	Part III 🔲		Expenses
What	t is the organiz	ation's primary exempt purpose	? Educate, encourage	and empower peopl	e to foster childrei		uired for section c)(3) and 501(c)(4)
as m	neasured by e ons benefited,	nization's program service accor expenses. In a clear and concise and other relevant information for	e manner, describe thor each program title.	e services provided	d, the number of	orgai other	nizations, optional for
28		a helped tell the stories of 13 adop e coneected with over 1,000 youth					
?:	(Grants \$) If this amo	ount includes foreign ar	ants. check here .	▶ □	28a	43211
29							
		V M Alice				00-	
30	(Grants \$) If this amo				29a	
					·		
	(Grants \$) If this amo	ount includes foreign gra	ants, check here .		30a	
	(Grants \$	•	ount includes foreign gr			31a	
		m service expenses (add lines 2				32	43211
Part		Officers, Directors, Trustees, and				struc	tions for Part IV)
	Check	if the organization used Sched	dule O to respond to a				<u></u> . \square
	?;	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contributions to employe	e (e) l	Estimated amount of their compensation
Al Mo				(if not paid, enter -0-)		O	
Presi	dent		.25	(if not paid, enter -0-)	deferred compensation	O	0
	dent n Dahlman			(if not paid, enter -0-)	deferred compensation	01	
Karer	dent n Dahlman		25 25	(if not paid, enter -0-)	deferred compensation	0	
Karer	dent n Dahlman etary y Hulzing		.25	(if not paid, enter -0-)	deferred compensation	0	0
Secre Kathy Treas	dent n Dahlman etary y Hulzing		25 25 25	(if not paid, enter -0-)	deferred compensation	0	0
Karer Secre Kathy Treas Thom	dent n Dahlman etary y Hulzing surer n Vehon		25 25	(if not paid, enter -0-)	deferred compensation	0	0
Karer Secre Kathy Treas Thom Direc Jack	dent n Dahlman etary y Hulzing surer n Vehon etor Keller		25 25 25	(if not paid, enter -0-)	deferred compensation	0	0
Karer Secre Kathy Treas Thom Direc Jack Direc	dent n Dahlman etary y Hulzing surer n Vehon ttor Keller		25 25 25	(if not paid, enter -0-)	deferred compensation	0	0
Karer Secre Kathy Treas Thom Direc Jack Direc Kimb	dent n Dahlman etary y Hulzing surer n Vehon etor Keller etry Vehon		25 25 25	(if not paid, enter -0-)	deferred compensation	0	0
Karer Secre Kathy Treas Thom Direc Jack Direc Kimb	dent n Dahlman etary y Hulzing surer n Vehon ttor Keller	EO	25 25 25 25	(if not paid, enter -0-)	deferred compensation	0	0 0
Karer Secre Kathy Treas Thom Direc Jack Direc Kimb	dent n Dahlman etary y Hulzing surer n Vehon etor Keller etry Vehon	EO	25 25 25 25	(if not paid, enter -0-)	deferred compensation	0	0 0
Karer Secre Kathy Treas Thom Direc Jack Direc Kimb	dent n Dahlman etary y Hulzing surer n Vehon etor Keller etry Vehon	EO	25 25 25 25	(if not paid, enter -0-)	deferred compensation	0	0 0
Karer Secre Kathy Treas Thom Direc Jack Direc Kimb	dent n Dahlman etary y Hulzing surer n Vehon etor Keller etry Vehon	EO	25 25 25 25	(if not paid, enter -0-)	deferred compensation	0	0 0
Karer Secre Kathy Treas Thom Direc Jack Direc Kimb	dent n Dahlman etary y Hulzing surer n Vehon etor Keller etry Vehon	EO	25 25 25 25	(if not paid, enter -0-)	deferred compensation	0	0 0
Karer Secre Kathy Treas Thom Direc Jack Direc Kimb	dent n Dahlman etary y Hulzing surer n Vehon etor Keller etry Vehon	EO	25 25 25 25	(if not paid, enter -0-)	deferred compensation	0	0 0

	Part				_	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part			-
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No	
?1	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~	- ?
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	-
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			-
	C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c			-
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		_	?
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a]
	b	Did the organization file Form 1120-POL for this year?	37b			7
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		~	?
	b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		-	ľ
	39	Section 501(c)(7) organizations. Enter:	1			1
	а	Initiation fees and capital contributions included on line 9	ı			
	b	Gross receipts, included on line 9, for public use of club facilities]			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		_	?
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
	41	List the states with which a copy of this return is filed ► Arizona				_
	42a	The organization's books are in care of ▶ Timothy Collier Telephone no. ▶				
	L	Located at ► 6803 E Main St Suite 1116 Scottsdale, AZ ZIP + 4 ►	852			-
	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓	-
		If "Yes," enter the name of the foreign country	720			i
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country ▶	42c		~	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	- 🗆	_
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No	j
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b			į
	c d	Did the organization receive any payments for indoor tanning services during the year?	44c		<u>'</u>	j
	45	explanation in Schedule O	44d			-
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 -{	✓	i
	b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b			
_			1.00		_	

Form 99	, 90-EZ (2	•, 017)							Page 4
								Ye	s No
46		he organization engage, directly or in indidates for public office? If "Yes," o						6	
Part	_	Section 501(c)(3) organizations All section 501(c)(3) organization 50 and 51.	s only s must answer que	stions 47–49b ai	nd 52, and	d complete t			<u> </u>
		Check if the organization used Sc	nedule O to respond	to any question	in this Par	: VI	<u> </u>	Yes	· L
47		he organization engage in lobbying? If "Yes," complete Schedule C, Par		section 501(h) elec				7	, NO
48 49a b	Did t	e organization a school as described in the organization make any transfers t es," was the related organization a se	n section 170(b)(1)(A)(i o an exempt non-cha	i)? If "Yes," comple ritable related org	ete Schedul anization?	eE	. 4	8 9a	V V
50	Com	plete this table for the organization's oyees) who each received more than	five highest compens	sated employees (other than	officers, direc	tors, trus	tees, a	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu	lealth benefits, tions to employed lans, and deferred mpensation	1 ' '	ated am compens	
None									-
							<u> </u>		
51	Com \$100	number of other employees paid over plete this table for the organization 000 of compensation from the organization from the organiz	s five highest compe nization. If there is no	ensated independene, enter "None"					e than
	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		c) Compens	ation	
None									
					<u> </u>				
									
							_		
			-						
d 52	Did	number of other independent contra the organization complete Schedu pleted Schedule A	le A? Note: All se			s must attac	0 cha . ⊳	es 🗌	No No
		of perjury, I declare that I have examined this r					knowledge .	and belie	f, it is
	rect, an	d complete Declaration of preparer (other than	Officer) is based on all lifton	miation of which prepa	Ter nas any Kri	IDI I G	7/18		
Sign Here	?1	Signature of officer Nimber I Type or print name and title	on CED			Date			
Paid Prepa	 arer	Print/Type preparer's name	Preparer's signature		Date	Check self-empl	oyed PTII	١	
Use (Firm's name				Firm's EIN ▶			
May th	e IRS	Firm's address ► discuss this return with the preparer	shown above? See II	nstructions .		Phone no	▶ □ Y	es 🗌	No

?:

SCHEDULE A (Form 990 or,990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-E2.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

1 030	CI AIIZOIIA					70-3	20314	
Pai	t I Reason for Public Cha	rity Status (All	organizations mus	t comple	ete this p	part.) See instruction	ons.	
The	organization is not a private found	ation because it	ıs: (For lines 1 through	12, che	ck only o	ne 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 ho						/	
4	= - 1							
5								
6	☐ A federal, state, or local gover	nment or govern	mental unit described	in secti	on 170(b))(1)(A)(v).		
7	An organization that normally described in section 170(b)(1)			port fron	n a gover	nmental unit or fron	n the general public	
8	☐ A community trust described in	n section 170(b)(1)(A)(vi). (Complete	Part II.)				
9	An agricultural research organ or university or a non-land-gra university.	int college of agr	riculture (see instruction	ons). Ente	er the nar	me, city, and state of	the college or	
10	An organization that normally receipts from activities related support from gross investmen acquired by the organization a	to its exempt fu t income and un	nctions—subject to c related business taxa	ertain ex ble incon	ceptions, ne (less s	and (2) no more tha ection 511 tax) from	n 331/3% of its	
11	☐ An organization organized and				•			
12	An organization organized and	•	•	-			rry out the purposes	
	of one or more publicly support	orted organizatio	ns described in sect	ion 509(a	a)(1) or so	ection 509(a)(2). Se	e section 509(a)(3).	
	Check the box in lines 12a thro	ough 12d that de	scribes the type of sup	oporting o	organızati	on and complete line	es 12e, 12f, and 12g.	
а		•		•		• • • • • • • • • • • • • • • • • • • •		
	the supported organization Y					the directors or trust	ees of the	
b								
	control or management of organization(s) You must	complete Part I	V, Sections A and C				-	
С	Type III functionally integ its supported organization						ally integrated with,	
d	Type III non-functionally that is not functionally interequirement (see instructional see instruction)	grated. The orga	nızatıon generally mu	st satisfy	a distribi	ution requirement an		
е	Check this box if the organ functionally integrated, or						e II, Type III	
f	Enter the number of supported of	organizations .						
g	Provide the following information	n about the supp	orted organization(s).	·				
	(i) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
				Yes	No			
(A)	_							
(B)								
(C)								
(D)								
(E)			-					
				 	 			

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify unc	ler
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

Secti	on A. Public Support						
Caler	dar 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.")		5100	29414	24011	105534	164059
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		5100	29414	24011	105534	164059
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)						50462
_6	Public support. Subtract line 5 from line 4						113597
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶ │	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4		5100	29414	24011	105534	164059
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for th organization, check this box and stop her	e organization	i's first, second	d, third, fourth,	or fifth tax ye		
<u> </u>				· · · · · ·	<u> </u>	<u> </u>	▶ ∨
	on C. Computation of Public Support			1		44	(0.0/
14 15	Public support percentage for 2017 (line 6 Public support percentage from 2016 Sch					15	69 % 84 %
16a	331/3% support test—2017. If the organization						
,	box and stop here. The organization quali					•	
b	331/3% support test—2016. If the organiz	•		-			_
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "f organization	ets the "facts-	-and-circumsta	nces" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organization or Explain in Part VI how the organization or supported organization	tion meets the	e "facts-and-ci	rcumstances" tances" test T	test, check t	his box and s	top here.
18	Private foundation. If the organization did instructions		oox on line 13,				see ▶ □

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest instructions. Name of the organization Employer identification number Foster Arizona 46-3920514 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b ☐ Phone solicitations g Special fundraising events C In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (III) Did fundraiser have (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? or entity (fundraiser) from activity organization col (i) Yes No 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Arizona

		gross receipts greater tha	n \$5,000.			,
			(a) Event #1 Golf	(b) Event #2 Gala	(c) Other events	(d) Total events (add col. (a) through
•			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	17727	24920		42647
<u>ar</u>	2	Less: Contributions Gross income (line 1 minus	3607	15600		19207
		line 2)	14120	9320		23440
	4	Cash prizes				
	5	Noncash prizes				
sesue	6	Rent/facility costs	6789	9197		15986
Direct Expenses	7	Food and beverages .			<u> </u>	
Direc	8	Entertainment		400	<u> </u>	400
	9	Other direct expenses .	1770	1654		3424
	10 11	Direct expense summary. Ad Net income summary. Subtra				19810 3630
Pa	rt III		organization answer	ed "Yes" on Form 990), Part IV, line 19, or	reported more
		than \$15,000 on Form 99	00-F7 line 6a			
enne		than \$15,000 on Form 99	90-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1			(b) Pull tabs/instant		(d) Total gaming (add
Revenue	1_	than \$15,000 on Form 99		(b) Pull tabs/instant		(d) Total gaming (add
	1 2			(b) Pull tabs/instant		(d) Total gaming (add
		Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add
Direct Expenses Revenue	2	Gross revenue		(b) Pull tabs/instant		(d) Total gaming (add
ect Expenses	2	Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
ect Expenses	3 4	Gross revenue Cash prizes Noncash prizes Rent/facility costs		(b) Pull tabs/instant		(d) Total gaming (add
ect Expenses	2 3 4 5	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses .	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming	(d) Total gaming (add
ect Expenses	2 3 4 5	Gross revenue	(a) Bingo Yes % No d lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo Yes% No	(c) Other gaming ☐ Yes% ☐ No	(d) Total gaming (add
ect Expenses	2 3 4 5 6 7 8	Gross revenue	(a) Bingo Yes % No d lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo Yes% No Plumn (d)	(c) Other gaming ☐ Yes% ☐ No	(d) Total gaming (add
O Direct Expenses	2 3 4 5 6 7 8 Er	Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses . Volunteer labor Direct expense summary. Ad Net gaming income summary. Inter the state(s) in which the organization licensed to contact the organization licensed the organization licen	(a) Bingo Yes % No d lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo Yes% No Plumn (d)	(c) Other gaming Yes% No	(d) Total gaming (add col (a) through col (c))
O Direct Expenses	2 3 4 5 6 7 8 Er	Gross revenue	(a) Bingo Yes % No d lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo Yes% No Plumn (d)	(c) Other gaming ☐ Yes% ☐ No	(d) Total gaming (add col (a) through col (c))
O Direct Expenses	2 3 4 5 6 7 8 Er a Is	Gross revenue	(a) Bingo Yes % No d lines 2 through 5 in co	(b) Pull tabs/instant bingo/progressive bingo Yes % No No Plumn (d)	(c) Other gaming ☐ Yes% ☐ No	(d) Total gaming (add col (a) through col (c))
Olirect Expenses	2 3 4 5 6 7 8 Er a Is	Gross revenue	(a) Bingo Yes % No d lines 2 through 5 in co Subtract line 7 from ling ganization conducts gar anduct gaming activities aming licenses revoked	(b) Pull tabs/instant bingo/progressive bingo Yes % No No Plumn (d)	(c) Other gaming Yes % No No Led during the tax year	(d) Total gaming (add col (a) through col (c)) Yes No Yes No

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

Schedu	e G (Form 990 or 990-EZ) 2017		F	age 3
11	Does the organization conduct gaming activities with nonmembers?		Yes 🗌	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity			
12	formed to administer charitable gaming?	Ш	Yes □	No
13	Indicate the percentage of gaming activity conducted in: The organization's facility	ŀ		%
a b	An outside facility			-%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:	-		
	Name ►			
	Address►	. 		·
15a	Does the organization have a contract with a third party from whom the organization receives gaming	f		
154	revenue?	' п ·	Yes □	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	_		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Name	-		
	Address ▶		· 	-
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ► \$			
	Description of services provided ▶		 -	.
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to)		
	retain the state gaming license?		Yes □	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year ▶ \$			
Part		and (v	/); and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info			
	See instructions.			
- -			•	

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.

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Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
Foster Arizona	46-3920514
Part 1 Line 16 Other expenses:	
Background Clearances 935	
Bank Charges. 393	
Insurance 1581	
IT Handward Coffman FAO	
IT- Hardware/Softwar 540	
Magic: 250	
Meals: 250	
Office expense 1453	
Program expenses. 5225	
Supplies 1481	
Taxes & Licenses. 50	
Website 106	
Total 12014	
•	
•	
	·