Form ' 990

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

Department of the Trefsury Internal Revenue Se

▶ Do not enter social security numbers on this form as it may be made public.

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

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	A Fo	r the	2017 calend	ar year, or ta	x year beginr	ning			, 2	017, and e	nding			, 20)
	3 Ch	eck if ap	plicable	C Name of organization FOSTER HOPE FOUNDATION ORG										Employe	dentification no
{	Ad	dress ch	change Doing business as										٦ ا	31-102	1773
Ī	\ Na	me chai	nge	Number and	street (or PO box	if mail is not	delivered to stre	et address)			Room/sui	te	E	Telephone	number
i	7	ial retur	-	Number and street (or PO box if mail is not delivered to street address) 2470 S APACHE DRIVE											18-0882
Ì	5		rv/terminated		state or province,		ZIO es foreign es	noted and			<u> </u>			Gross rec	
[₹ .				•	•	ZIF Of Toreign po	sai code					ľ		eipis •
l	=	iended i			ER, AZ 85			 							
l	_ Ap	plication	pending		dress of principal		JUSTIN H	IACK, CHAIRM	1AN		, I	this a group i			Yes No
					S C ABOVE					<u> </u>	' H(b) A	re all subor	dinates i	ncluded?	Yes No
!	Tax	-exemp	t status 🔀	501(c)(3)	501(c) () 🖣 (inser	(no) 4	1947(a)(1) or	527			If "No," a	ittach a li	st (see inst	ructions)
:	J We	bsite	► N/A								H(c)	Group exer	nption nu	mber 🕨	
			ganization X	Corporation	Trust Ass	ociation	Other -		L Year of	formation 2	016	M State	of legal o	iomicile	AZ
	Part		Summai	ry											
		1	Bnefly descr	ibe the organi	zation's missi	on or mos	t significant a	ctivities FOS	TER C	HILDREN	CARE	AND EX	(PENS	ES	
	a a														
	2	,													
	Ë			 				····	-						
	Activities & Governance	2	Check this b	oox ► ☐ If the	e organization	discontin	ued its opera	tions or disposed	of more	than 25% c	of its net a	ssets			
	ŏ	3		oting member	=								3		5
	ග	4		_	_			(Part VI, line 1b)					4		
	Ē	5		er of individuals	-	-						'	5		0
	≩	6		r of volunteers			•						6		
	Ψ	l '		ted business r	•	-		ne 12					7a		
		l .		ed business ta							- • • •		7b		
		-5	ivet uillelate	u business ta	xable income	IIOIII FOIII				1 		• • • •			0
			0 1 - 1 1	/- /	(D1 \ 100 L	465	, , ,	RECEIVE	<u>'U</u> _,	. -	Pi	or Year		Cu	rrent Year
∞	a)	8	Contribution	s and grants (Part VIII, line	1n)	2		<u> </u> <u>%</u>	S					0
2018	Ž	9	Program ser	rvice revernue	(Part VIII, line	2g) · ·	: igi	JUN 0.5 201	8 · · 5	<u>}</u> · · · · ·					0
	Revenue	10		income (Part \			1 1		\cdots	<u>}</u> · · · ·					0
<u>-</u>	œ	11		ue (Part VIII, d				1/ 1/ N N	i i -	1		848	<u>, 304</u>		0
		12						Humh (A) - line, 12)	<u> </u>	<u> </u>		848	,304	_	0
AUG		13	Grants and	sımılar amoun	its paid (Part I	X, column	(A), lines 1-3	3)		• • • • •					0
⋖		14	Benefits pair	d to or for mer	mbers (Part IX	, column	(A), line 4)			• • • • •		118	,827		0
\Box	ψ	15	Salanes, oth	ner compensat	tion, employe	e benefits	(Part IX, colu	ımn (A), lınes 5-10	0) .	• • • • • •		587	,516		0
븻	Expenses	16a	Professiona	l fundraising fe	ees (Part IX, c	olumn (A)	, line 11e)								0
Ž	ğ	b	Total fundra	ising expenses	s (Part IX, col	umn (D), I	ine 25) 🕨			0		*	1.43	1	
SCANNED	Ж	17	Other exper	nses (Part IX, e	column (A), lır	nes 11a-11	d, 11f-24e)			[140	, 683		0
30		18	Total expens	ses Add lines	13-17 (must	equal Par	t IX, column ((A), line 25) ·		[847	,026		o
• "		19	Revenue les	ss expenses	Subtract line	18 from lir	ne 12 · · ·			[1	,278		0
	- Les										Beginning	of Current	Year	Er	nd of Year
	ets	20	Total assets	(Part X, line 1	16)							32	,468		36,821
	Ass	21	Total liabilitie	es (Part X, line	26)					[0
	Net Assets or Fund Balances	22		,	•	ine 21 fro	m line 20 ·	<i></i>				32	,468		36,821
	Par			re Block									7 - 00		30/011
			-		examined this retu	m, including	accompanying so	chedules and statemen	ts, and to the	ne best of my k	nowledge a	nd belief, it	ıs		
	true, c	orrect, a	and complete De	eclaration of prepa	rer (other than off	icer) is based	on all information	on of which preparer ha	s any know	vledge					
			. птеп	IIN HACK	ALL .								Ì	01-2	0-2018
	Sign	ı [ure of officer	7/11 -								Date	01-3	2018
	Here			(
Type or print name and title															
															
	De:-	ı	1	reparer's name		Preparer's	_		Date	_		Check 🛚		TIN	
	Paid		_	MORROW		TINA L	MORROW		05-1	8-2018		self-employ	ed	P006	37260
	Prep							VICE LLC			Firm's E	N P			
	Use	Only	Firm's addre	ess ►	5620 W (EWEN ST	REET				Phone n	0			
					LAVEEN A	Z 8533	19							97 <u>-</u> 977	
	May tl	he IRS	discuss this	s return with th	ne preparer sh	own abov	e? (see instri	uctions) · · ·						🔯	Yes No

		1-1021773	Page 2
Pa	Statement of Program Service Accomplishments		
4	Check if Schedule O contains a response or note to any line in this Part III	• • • • • • •	· · · · · <u> </u>
1	Briefly describe the organization's mission		
	FOSTER CHILDREN CARE AND EXPENSES		
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 No
	If "Yes," describe these new services on Schedule O	—	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	· · 🗌 Yes	x No
	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	1	
	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 \$ including grants of \$) (Revenue \$)
	12 FOSTER FACILITIES HAVE HAD DONATIONS, FOOD, CLOTHING, ETC., DONATED TO THEIR	R HOME OR	
	FACILITY TO HELP CHILDREN RECEIVE BASIC NEEDS		
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	5)
			·
	·		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	B)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)_	
4e			
EEA		Fo	rm 990 (2017)

Form 990 (2017) FOSTER HOPE FOUNDATION ORG
Part IV: Checklist of Required Schedules

4	In the erganization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Vec."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
}	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		$\stackrel{\frown}{}$
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	 -		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
,		_		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
^	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			l
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
_	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		.,
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	-	X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ĺ
	VII, VIII, IX, or X as applicable			İ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			.,
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	-	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			١.,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			١
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		ļ	
	fundraising, business, investment, and program service activities outside the United States, or aggregate		İ	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	ļ		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
EΑ		Forn	990 (•

Partily Checklist of Required Schedules (continued) Yes No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? С Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d 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? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Χ 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 26 disqualified persons? If "Yes," complete Schedule L, Part II Χ 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? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, A Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ related organization? If "Yes." complete Schedule R. Part V. line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Χ 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 38

Pai	t 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	<u>.</u>		
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		,	١.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		$\overline{}$	
20			İ	
		2b		- <u></u> -'
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<u> </u>		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3ь		
4a	At any time during the callendar year, did the organization have an interest in, or a signature or other authority	.	į	İ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country			2 1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	1 / 7 . 		à :
	(FBAR)	المختا		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	- 100 Cm (6/16)	Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible as chantable contributions?	6a		x
	-	Va		_^_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	,	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	` ." }	\$**. \$**.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		*	
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	* , , , ,	M30-3	144
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
ρ	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	, ,	- 35	1
٠	sponsoring organizations maintaining donor advised raines. Did a donor advised raine maintained by the	8		X
		* 4554.00	77.	
9	Sponsoring organizations maintaining donor advised funds.		T.	[[]
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	8.0 %	X
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12		1.00	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	58:38	. : \$33	
11	Section 501(c)(12) organizations. Enter	• ′ ,	3	
а	Gross income from members or shareholders		, ,	
b	Gross income from other sources (Do not net amounts due or paid to other sources]		
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	orken en w	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	4.0 /2	» 'X	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		 ` ~
а				+
	Note. See the instructions for additional information the organization must report on Schedule O		5	14
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, ;
С	Enter the amount of reserves on hand	1 ,	XX x '	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	 	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
EEA		Form	1 990 ((2017)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "	No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI		<u></u>	· 🛚
Sec	tion A. Governing Body and Management			
4-	Enter the grapher of colors were faller account to the color of the co	- X58901	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar	20		<u> </u>
h	committee, explain in Schedule O	(%) (%) (%)		
р 2	Enter the number of voting members included in line 1a, above, who are independent			!
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			٠,,
3		2		X
J	Did the organization delegate control over management duties customarily performed by or under the direct			,,
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
_	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	_		,,
h		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	_		.,
8		7b		X
0	Did the organization contemporaneously document the meetings held or written actions undertaken during		was . s	N. 4%
_	the year by the following	- 22 E		2000
a b	The governing body?	8a		X
9	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	9		X
	1011 211 0110100 (This decilor B requests information about policies not required by the internal Revenue Code)			
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	iva		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	405		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	* ·		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	, 1-4 , ,		^
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	@~x!	MS s	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		₩ .*	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	.00	/ h	A 4
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	***	" 'S	M. Yes
	organization's exempt status with respect to such arrangements?	16b	• (Januar II
Sec	tion C. Disclosure	100		Щ_
17	List the states with which a copy of this Form 990 is required to be filed Arizona			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	-		
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
-	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DENTIN BOOKKEEPING SERVICES LLC (480)797-9770, 5620 W GWEN STREET, LAVEEN, AZ 85339			
	100 100 100 100 100 100 100 100 H GREN SIREET, LAVEEN, AZ 65555	'		

			-
Form 990 (20	17) FOSTER HOPE FOUNDATION ORG	81-1021773	Page
Partyll	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con Independent Contractors	npensated Employe	es, and
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	🗍
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization's	this table for all persons required to be listed. Report compensation for the calendar year ending with or will tax year.	hin the	
	of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of Enter -0- in columns (D), (E), and (F) if no compensation was paid	of amount of	
• List all o	of the organization's current key employees, if any See instructions for definition of "key employee"		
List the who received	organization's five current highest compensated employees (other than an officer, director, trustee, or key reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 frond any related organizations	,	
• List all d	of the organization's former officers, key employees, and highest compensated employees who received m	iore 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	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos eck m ss per	son is	one are Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JUSTIN HACK, CHAIRMAN CHAIRMAN OF THE BOARD	65.00			Х				104,000	0	0
(2)										
<u>(3)</u>										
<u>(4)</u>								 		
<u>(5)</u>			-	_	-					
<u>(6)</u>										
(7)										
(8)										
(9)							-			
(10)										
<u>(11)</u>					-					
<u>(12)</u>										
<u>(13)</u>										
(14)										

(15)

(A)

Name and title

Part VIII

(16)

(17)

(18)

(19)

(20)

(21)

(22)

(23)

(24)

(25)

С

d

3

81-1021773 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (C) Position (B) (D) (E) (F) (do not check more than one Average Reportable Reportable Estimated box, unless person is both an compensation hours per compensation from amount of officer and a director/trustee) veek (list any related other compensation Highest the organizations hours for Individual Institutional trustee (W-2/1099-MISC) organization from the related employee (W-2/1099-MISC) organizations organization below dotted and related organizations Total from continuation sheets to Part VII, Section A 0 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 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 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? If "Yes," complete Schedule J for such Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1	Complete this table for your five high	iest 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)	(B)	(C)
Name and business address	Description of services	Compensation
2 Total number of independent contractors (including but not limited to those listed above) w		1 5. 2000000 NB

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

		Check if Schedule O contains a response or note .		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s s	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
وَ وَ	С	Fundraising events 1c		`			:
ar A	d	Related organizations 1d					:
S.E.	e	Government grants (contributions) · · 1e					; ;
tion sr Si	f	All other contributions, gifts, grants,					1
ğ		and similar amounts not included above 1f					,
d d	g	Noncash contributions included in lines 1a-1f \$,
O g	h	Total. Add lines 1a-1f	<u></u> ▶				
			Business Code		**************************************		
nue	2a						
eve.	ь						
69	С						
Σ	d						
S	е						
Program Service Revenue	f	All other program service revenue			<u></u>		
ç	a	Total. Add lines 2a-2f			** *** ***	i	k 6 1. 1.
	3	Investment income (including dividends, interest, and other similar amounts)				<u> </u>	
		Income from investment of tax-exempt bond proceed					
	5	Royalties		4, 10 4,	/%		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	l	(ı) Real	(II) Personal				
	6a	Gross rents · · · · · ·					
	b	Less rental expenses · · · ·					
	С	Rental income or (loss) · · ·		: 8 4 1		a a x	
	d	Net rental income or (loss)	<u>•</u>			au	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	l l	Gross amount from sales of assets other than inventory	(II) Other				N & W
	ь	Less cost or other basis				'l z. ¾, ,	1.2
	1	and sales expenses · · · ·					
		Gain or (loss) · · · · · · ·					** 'X
	d	Net gain or (loss) · · · · · · · · · · · · · · ·	<u>.</u>		AS -20 - 21		1007
Ë	8a	Gross income from fundraising					
ven		events (not including \$			1 1 A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		, , , , , , , , , , , , , , , , , , ,
Other Rever		of contributions reported on line 1c)		r 2 1 3			
ē		See Part IV, line 18					
ğ	b	Less direct expenses b				xi a	. C. Lim P. A
			<u> </u>		- X		W. 500.
		Gross income from gaming activities			4 5 %		
		See Part IV, line 19 · · · · · · · · a					4 1 3 3 m x 1 C
	l b	Less direct expenses b				A. 2. 3.	
			.	1	<u> </u>		
	l l	Gross sales of inventory, less returns and allowances					
	b	Less cost of goods sold b			22.	ند تــــــــــــــــــــــــــــــــــــ	. 22
		Net income or (loss) from sales of inventory	.				
		Miscellaneous Revenue	Business Code			2.00 cm and and an area.	
	11a						
	١, ١						1
		d All other revenue	1	L			
	- 1	d All other revenue · · · · · · · · · · · · · · · · · · ·)~ \$, *, `·		

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all co	olumns All other organi	zations must complete	column (A)	
	Check if Schedule O contains a response or note to	any line in this Part IX			<u> </u>
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundreising
	b, and 10b of Part VIII.		expenses	general expenses	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, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
0	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				
8	Pension plan accruals and contributions (include				
ŭ	section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	<u> </u>			
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·				
11	Fees for services (non-employees)				
a	Management · · · · · · · · · · · · · · · · · · ·				
b	Legal · · · · · · · · · · · · · · · · · · ·				
C	Accounting				
d	Lobbying - · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17			on, 4 631.	• • • • • • • • • • • • • • • • • • • •
f	Investment management fees				· · · · · ·
g	Other (If line 11g amount exceeds 10% of line 25, column				<u>.</u>
Ī	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				 -
15	Royalties - · · · · · · · · · · · · · · · · · ·			·	
16	Occupancy				
17	Travel . •				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			_	-
20	Interest · · · · · · · · · · · · · · · · · · ·				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization · · · · · · ·				
23	Insurance				
24	Other expenses Itemize expenses not covered			200	## 17. T
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				Side 1
	(A) amount, list line 24e expenses on Schedule ()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	was a market of the same	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	he as as
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0	0_	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here If following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 32,468 36,821 2 2 3 Pledges and grants receivable, net 3 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 7 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a with: Less accumulated depreciation 10b 10c 11 11 12 Investments - other secunties See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 14 15 15 16 16 32,468 36,821 17 17 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Æ. Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and Św 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 25 Total liabilities. Add lines 17 through 25 26 26 0 Organizations that follow SFAS 117 (ASC 958), check here

| | and | Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 7.3 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 32,468 32,468 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 32,468 32,468 34 Total liabilities and net assets/fund balances 34 32,468 32,468

_		-102	1//3	Page 12
Pa	rt XI Reconciliation of Net Assets			_
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u> []</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		
3	Revenue less expenses Subtract line 2 from line 1	3		0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		32,468
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10		32,468
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
				Yes No
1	Accounting method used to prepare the Form 990 🐰 Cash 📗 Accrual 📗 Other	_	· ·	,]]
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			~ ^~
	Schedule O			1.2
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· · 2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1 1	
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			30
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		**,	3 3
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		2,	* _ *
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		· · 2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in		7 4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Schedule O		í æ	
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	X
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	<u></u>	· · 3b	
EEA			Form	990 (2017)

SCHEDULE A

Public Charity Status and Public Support

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public

Name of the organization Employer identification number FOSTER'HOPE FOUNDATION ORG 81-1021773 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 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. 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 X 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10) listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) Χ PROS FOR AMERICAS YO 55-0684907 14,000 O (B) (C) (D) (E) Total ~~ ,0000 % 14,000 0 Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar yèar (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (f) Xotal (e) 2017 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from Tine 4 . . Section B. Total Support (e) 2017 Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (f) Total (d) 2016 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2016 Schedule A, Part II, line 14 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 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 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see EEA Schedule A (Form 990 or 990-EZ) 2017

81-1021773

90 or 990-EZ) 2017 FOSTER HOPE FOUNDATION ORG
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)

<u> </u>	tion A. Public Support						
Cale	endar 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						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support					,	
	endar 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						
С	Add lines 10a and 10b · · · · · · · · ·				<u> </u>		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned 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) · · · · · · · · · · · · · · · · · · ·						
	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>	<u> </u>	or fifth tax year as		•	▶ □
	ction C. Computation of Public Su	 					
	Public support percentage for 2017 (line 8, c	•				15	%
16	Public support percentage from 2016 Sched			· · · · · · · · · · ·	 	16	<u>%</u>
	ction D. Computation of Investme					142	
17 40	Investment in come percentage for 2017 (line		•	umn (T))		17	<u>%</u>
18	Investment in come percentage from 2016 Se					18	
	33 1/3% support tests - 2017. If the organiz	and stop here. The	e organization qual	fies as a publicly su	upported organizati	ion • • • •	□
	33 1/3% support tests - 2016. If the organize line #8 is not more than 33 1/3%, check this	box and stop here.	. The organization of	qualifies as a public	ly supported organ		▶ 📮
20	Private foundation. If the organization did n	ot check a box on l	ine 14, 19a, or 19b	, check this box and	see instructions	• • • • •	<u> ▶ ∐</u>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already design ated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)
- Build 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)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined 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**
- 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**
- 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 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
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	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			:
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1
	controlled the organization's activities. If the organization had more than one supported organization,			:
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			;
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ļ
			, ,	
2	Did the organization operate for the benefit of any supported organization other than the supported			,
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		× 44.43	` `
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	,		- 20
	supervised, or controlled the supporting organization	2		L
Sec	ction C. Type II Supporting Organizations		TV	T Na
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		127	
	or management of the supporting organization was vested in the same persons that controlled or managed	٠,٠		
<u>C</u>	the supported organization(s)			
<u> </u>	ction D. All Type III Supporting Organizations		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		7%	1.0
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1.77
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		, ex	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		1 11 12
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	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	199 - 1		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	1-2/
3	By reason of the relationship described in (2), did the organization's supported organizations have a	No.		· %
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's	¥ 0		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		3,30 7.00
Se	ction E. Type III Functionally Integrated Supporting Organizations			
1		nstru	ction	s)
	The organization satisfied the Activities Test Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below			
(The organization supported a governmental entity. Describe in Part VI how you supported a government entity	/ (see	ı <u>nstru</u>	ctions
2			Yes	No
á	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	*;	371 1	×
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		3	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	'	·
	how the organization was responsive to those supported organizations, and how the organization determined	. ـ . يمك		
	that these activities constituted substantially all of its activities	2a	-	—
1	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		Ĭ.	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		, "	
	reasons for the organization's position that its supported organization(s) would have engaged in these	4		
	activities but for the organization's involvement	2b	4	\bot
3			'	
•	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? Provide details in Part VI.	3a	_	—
I	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

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 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 4 Add lines 1 through 3 5 Depreciation and depletion 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) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) a Average monthly value of securities b Average monthly value of other non-exempt-use assets 1 Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI) 2 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3)	Part V Type III Non-Functionally integrated 509(a)(3) Supporting Org			
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7 Recoveries of prior-year distributions 7				
8 Minimum Asset Amount (add line 7 to line 6) 8		_		
Section C - Distributable Amount Current Year				Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A) 1	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		_		1
4 Enter greater of line 2 or line 3				*
5 Income tax imposed in prior year 5				<u> </u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		+		*
emergency temporary reduction (see instructions)	·	e		
7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see			grated Type III supporting	m organization (see
instructions)		,	3.2.00 1,p0 iii oappoitiii	3 34

_	irt v Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	
	ction D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	ations	
_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	le organization is respon	NEWA	
	(provide details in Part VI) See instructions	o organization is respon	ISIVE	İ
9	Distributable amount for 2017 from Section C, line 6	 		
10			 	
			/::\	
	Section E - Distribution Allocations (see instructions)	(i)	(ii)	(iii)
	(Soo mondono)	Excess Distributions	Underdistributions	Distributable
1	Distributable amount for 2017 from Section C, line 6	* * * * * * * * * * * * * * * * * * *	Pre-2017	Amount for 2017
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		70 nn 97 (m. 10)	- (X - X
	The state of the s	· · · · · · · · · · · · · · · · · · ·		7 : 4 Y Y
	From 2013			
	From 2014			
-	5			
	E 00/0			<u> </u>
_	Total of lines 3a through e	* * * * * * * * * * * * * * * * * * * *	<u>₹</u> ₩ ₩,	
	Applied to underdistributions of prior years			
_ <u>9</u>	Applied to dilderdistributions of prior years Applied to 2017 distributable amount	X 28 13 20 1	w	
			A Y R	
- <u>;</u>	Carryover from 2012 not applied (see instructions)			
_ <u>_</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from			
4				
	Section D, line 7 \$			
<u>_</u>	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	3 7 7 7	> * * * * *	
	Remainder Subtract lines 4a and 4b from 4			% × , **
5	The state of the s			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions	A CONTRACTOR OF THE PARTY OF TH		
Ь	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3 _j			
	and 4c			
8	Breakdown of line 7	i di ii		* · · · · · · · · · · · · · · · · · · ·
	Excess from 2013			* * * * * * * * * * * * * * * * * * *
	Excess from 2014	^^*. * * * * * * * * * * * * * * * * * *		· * V
	Excess from 2015			· · · · · · · · · · · · · · · · · · ·
	Excess from 2016	\$ 4 9° 5	· · › · ·	. , ,
е	Excess from 2017	V 4	·/ · · · · · · · · · · · · · · · · · ·	4

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

 Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C 	, , , , , , , , , , , , , , , , , , , ,						
 Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do 	not complete Part I-B						
 Section 527 organizations: Complete Part I-A only 	·						
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47	(Lobbying Activities), then						
 Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Comp 	lete Part II-A Do not complete Part II-B						
	 Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A 						
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instru							
Tax) (see separate instructions), then							
• Section 501(c)(4), (5), or (6) organizations Complete Part III							
Name of organization	Employer identification number						
FOSTER HOPE FOUNDATION ORG	81-1021773						
Part I-A Complete if the organization is exempt under section 501(c)	or is a section 527 organization.						
4 Decide describe (Alexander)							

7	Provide a description of the organization's	s direct and indirect political campaign ac	tivities in Part IV (see instructions for	
	definition of "political campaign activities";)			
2	Political campaign activity expenditures (s	see instructions)		▶ \$	
3	Volunteer hours for political campaign act				
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incurre	ed by the organization under section 495	5	▶ \$	
2	Enter the amount of any excise tax incum				
3	If the organization incurred a section 4955	5 tax, did it file Form 4720 for this year?			· Yes 🛚 No
4a	Was a correction made?	• • • • • • • • • • • • • • • • • • • •			· 🗌 Yes 💹 No
b	If "Yes," describe in Part IV				
Pa		ization is exempt under secti		cept section 501(c)(3).
1	Enter the amount directly expended by the		•		
	activities · · · · · · · · · · · · · · · · · · ·			· · · · · · · • \$	
2	Enter the amount of the filing organization				
	527 exempt function activities · · · · ·			• • • • • • • • • • • • • • • • • • •	
3	Total exempt function expenditures Add I	ines 1 and 2 Enter here and on Form 11	20-POL,		
_	line 17b		• • • • • • • • •	· · · · · · · • • • •	
4	Did the filing organization file Form 1120-				
5	Enter the names, addresses and employe				
	organization made payments For each or				
	the amount of political contributions received				
	as a separate segregated fund or a politic	cal action committee (PAC). If additional s	space is needed, p	rovide information in Part IV	<u>'</u>
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				in the state of th	delivered to a separate
					political organization If none, enter -0-
		-			in none, enter-o-
(1)		<u></u>			
(2)					
		· · · · · · · · · · · · · · · · · · ·		-	
(3)					
(4)					
					<u> </u>
(5)					
					
(6)				1	1

	ort II-A Complete if the organization	r is exempt up		I/c/(3) and files	81-1021	
	section 501(h)).	n is exempt ur	idei section 301	i (U)(U) and met	i romi 5/66 (elec	Juon unuer
	Check Inf the filing organization belongs to	an affiliated group (and list in Part IV eac	h affiliated group me	ember's name	
	address, EIN, expenses, and shar			., a.m.a.ou g.oup	ombor o namo,	
В	Check ▶ ☐ if the filing organization checked b	• -		,		
		bying Expenditures			(a) Filing	(b) Affiliated
	(The term "expenditures" r	neans amounts pai	d or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence public or	onion (grass roots lo	bbying) · · · ·			
b	Total lobbying expenditures to influence a legisla	live body (direct lobb	oying)			
С	Total lobbying expenditures (add lines 1a and 1b)				
d	Other exempt purpose expenditures · · · ·	<i></i>				
0	Total exempt purpose expenditures (add lines 10	and 1d) · · · ·	• • • • • • • • • •			
f	Lobbying nontaxable amount. Enter the amount	from the following tal	ble in both			
	columns					
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:		
	Not over \$500,000		ount on line 1e			
	Over \$500,000 but not over \$1,000,000		15% of the excess o			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess o			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000				* * .
g	•	•	• • • • • • • • • •			
h						
:	Subtract line 1f from line 1c If zero or less, enter If there is an amount other than zero on either lin				L	
J		•	•			∏ Yes ∏ No
	reporting section 4911 tax for this year?		ng Period Under		· · · · · · · · · · · · · · · · · · ·	les No
	(Som e organizations that made a s	-	_	• •	l of the five columi	ns below.
			structions for lin	-		
				_		
	Lobb	ying Expenditures	During 4-Year Avera	iging Period		
	Calendar year (or fiscal year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
	beginning in)	, ,	``		` '	` ,
_		<u> </u>	-	 	 	
2a	Lobbying nontaxable amount					
t	Lobbying ceiling amount (150% of line 2a, column (e))					
	(150 /0 01 III Te 28, COIDITIII (e))	***	. 	***	,** *	
_	Total lobbying expenditures					
c	Grassroots nontaxable amount					
-	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Pai	til-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi (election under section 501(h)).	ed F	1021 orm	5768	•	age 3
Co		(;	a)		(b)	
	each "Yes," response on lirnes 1a through 1ı below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	An	nount	 t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of					
а	Volunteers?	- 1				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total Add lines 1c through 1ı · · · · · · · · · · · · · · · · · ·					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				-1-2-	-
b	If "Yes," enter the amount of any tax incurred under section 4912	ż	, <u>;</u>			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	È	. 4		3.6	¥ ~(
D ₂	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? **Till-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/5\		otion	-44	[₹] ~′\
<u>Γα</u>	1000000000000000000000000000000000000	((3), t) 3E	CHOII		
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," O answered "Yes."	R (b)	Part	III-A, I	ine 3	3, is
1	Dues, assessments and similar amounts from members	• •	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		~.* *.*			
9	Current year		2a			
b	Carryover from last year	• •	2b			
c	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	_		<u> </u>
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					· _
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Pa	rt IV Supplemental Information					
Prov	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lin	es 1 ar	nd			
	e instructions), and Part II-B, line 1. Also, complete this part for any additional information					
2 (se						
2 (se						

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 alnspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

FOSTER HOPE FOUNDATION ORG	81-1021773
01. Governing body meeting documentation (Part VI, line 8a)	
RIGHT NOW WE ONLY HAVE ONE BOARD MEMBER THE DIRECTOR, WE HAVE HAD A MEET	CING AND ARE
PLACING NEW MEMBERS ON THE BOARD	
02. Committee meeting documentation (Part VI, line 8b)	
WORKING ON GETTING A POLICY FROM NON-PROFIT LAWYER HAS NOT BEEN COMPLETE	ED AT THIS TIME
CHAIRMAN IS REGUALTING ALL REQUIREMENTS	
03. Form 990 governing body review (Part VI, line 11)	
REVIEW IS DONE BY DIRECTOR THIS YEAR, AFTER THIS IT WILL BE SUBMITTED TO	O THE BOARD FOR
REVIEW AND APPROVAL ONCE THAT IS PUT IN PLACE	
04. Governing documents, etc, available to public (Part VI, line 19) IN CARE OF DENTIN BOOKKEEPING TAX AND ACCOUNTING LLC 5620 WEST GWEN STR	
85339	
	