990

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2019

Open to Public

Δ F.	or the 20	019 calendar year, or tax year beginning , 2019, a	nd ending		, 20
			ia enaing		
	eck if appl			D Embi	loyer identification number
ñ	ldress cha				81-1021773
∐ Na	me chang	e Number and street (or PO box if mail is not delivered to street address)	Room/suite	E Telep	hone number
	tial return	PO BOX 1798			(602)218-0882
∐ Fır	nal return/t	erminated City or town, state or province, country, and ZIP or foreign postal code		G Gros	s receipts
<u> </u>	nended ret	um TEMPE, AZ 85280		\$	837,157
∐ Ap	plication p	ending F Name and address of principal officer JUSTIN HACK, CHAIRMAN	H(a)	Is this a group return	for subordinates? Yes X No
		SAME AS C ABOVE	Н(ь)	Are all subordina	tes included?
1 Ta	x-exempt:	status 🗴 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	<u> </u>	If "No," attach a li	st (see instructions)
J W	ebsite: 🕨	N/A	H(c)	Group exemptio	n number
K Fo	orm of orga	nization X Corporation Trust Association Other L Year of formation	2016	M State of le	gal domicile AZ
Par	t.l·	Summary			
	1 E	nefly describe the organization's mission or most significant activities FOSTER CHILD	REN CARE	AND EXPE	NSES
4.		<u>=====, </u>			
ညိ	-		_		
na E	-		·		
Ver	, -	theck this box If the organization discontinued its operations or disposed of more than 25	% of its not a	eeete	, ,
တိ	1	lumber of voting members of the governing body (Part VI, line 1a)		3	-
•ర				4	5
ties	1	lumber of independent voting members of the governing body (Part VI, line 1b)	• • • • • •	5	4
Activities & Governance)	otal number of individuals employed in calendar year 2019 (Part V, line 2a)	• • • • •	·	4
Aci		otal number of volunteers (estimate if necessary)	• • • • •	• • • • 6	
-	1	otal unrelated business revenue from Part VIII, column (C), line 12		· · · · <u>7a</u>	0
. —	b	let unrelated business taxable income from Form 990-T, line 39	, , , , , , , , , , , , , , , , , , , 	7b	0
4 2066 nue			Pn	or Year	Current Year
่ วั		Contributions and grants (Part VIII, line 1h)	•		837,157
R 1 4 Revenue	í	Program service revenue (Part VIII, line 2g)	·		
MAR 1 Reven	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	•		0
ጅ %	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·		0
≩	12	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·		837,157
_	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	٠ ــــــــــــــــــــــــــــــــــــ		00
ū	14 [Benefits paid to or for members (Part IX, column (A), line 4)	•		0
5 "	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	•		663,220
ž ši	16a 8	Professional fundraising fees (Part IX, column (A), line 11e)	•		0
SCAININEL		Total fundraising expenses (Part IX, column (D), line 25) ► 550	الله المنظمة والمنظمة	Sales Contraction	多次成分的原子 生生年
n X	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			121,293
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) Hine-25)			784,513
	19 1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25 FIVED.			52,644
- S			Beginning	of Current Year	End of Year
Net Assets or Fund Balances	20	Fotal assets (Part X, line 16)			16,452
Asse Bal	21	Fotal liabilities (Part X, line 26)			0
e e	22	Net assets or fund balances Subtract line 21 from line 20 . OGDEN: 117		····	16,452
	rt II	Signature Block			10,432
		of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of	f my knowledge	and belief it is	
true,	correct, ar	d complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	١,	At the second se			44 05 0000
Sigi	n	JUSTIN HACK Signature of officer		<u></u>	11-05-2020 Date
Her	۱,				7410
nei	-	JUSTIN HACK, CHAIRMAN OF THE BOARD	_	 .	
		Type or print name and title			OTIN
		Print/Type preparer's name Date		Check 🔀 f	PTIN
Paid		TINA L MORROW 11-05-20	20	self-employed	P00687260
	parer	Firm's name DENTIN BOOKKEEPING SERVICE LLC	Firm's	EIN P	
Use	Only	Firm's address ► 5620 W GWEN STREET	Phone	no	
		LAVEEN AZ 85339		480	-797-9770
May	the IRS	discuss this return with the preparer shown above? (see instructions)	<u> </u>		· · · · 🗓 Yes 🗌 No
For F	Paperwe	ork Reduction Act Notice, see the separate instructions.			Form 990 (2019)

	44Hbl Caster HOPE FOUNDATION ORG 81-1021773 Page 2
<u> Far</u>	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Bnefly 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?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	•
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
•-	, , , , , , , , , , , , , , , , , , , ,
)
	<u> </u>
4d	
	(Expenses \$ 784,514 including grants of \$) (Revenue \$ 837,157)
4e	Total program service expenses ► 784,514

9) FOSTER HOPE FOUNDATION ORG
Checklist of Required Schedules Part IV

aı	Checklist of Required Schedules	——		
	10.4 h		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	. 1		
	complete Schedule A	1	X	
:	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u> </u>
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	_3		_X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	Ì		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
	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 98-197 If "Yes," complete Schedule C, Part III	5		Х
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-
	complete Schedule D, Part III	8		2
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>		_
	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	l	;
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		۲
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	-10	1 -7:	H
				ľ
_	VII, VIII, IX, or X as applicable	22.		ı
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		ŀ
		11a		┡
D	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		Ļ
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<u> </u>	L
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			ļ
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		L
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	ļ	L
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
3	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Ì	
	Schedule D, Parts XI and XII	12a		L
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		L
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
3	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
9	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	}	1	1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
	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		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			ŀ
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			T
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		\vdash	t
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-"	X	+
		40	1	
_	If "Yes," complete Schedule G, Part III	19	-	╀
	• • • • • • • • • • • • • • • • • • • •	20a	<u> </u>	+
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 -	+
	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	L	L

Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . 22 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 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a through 24d and complete Schedule K. If "No," go to line 25a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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 x b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a х A family member of any individual described in line 28a? If "Yes," complete Schedule L. Part IV X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Х 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 sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X_ b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 x 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. Х Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V.......... Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 51 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Par	t V: Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	′ ‹	- ', '	$\overline{\cdot}$
	Statements, filed for the calendar year ending with or within the year covered by this return	, *t.	`	. ,
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	···· -	X
	, , , , , , , , , , , , , , , , , , , ,			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	٠	x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
40	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		•
L-		•		<u> </u>
b	If "Yes," enter the name of the foreign country	~ J		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		٠ <u>-</u> ١	· <u>· · ·</u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>x</u>
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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	٠ ,٠	• `.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		المحمد	
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year		,	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	4		
	sponsoring organization have excess business holdings at any time during the year?	8		x
9	Sponsoring organizations maintaining donor advised funds.	,	- ,	
а	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		х
10	Section 501(c)(7) organizations. Enter			<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	". ^.	١,	
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		,)
11	Section 501(c)(12) organizations. Enter	-	1	
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources	۱· ۰ .		[.
	against amounts due or received from them)	١٠.	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	"	· /*
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-7.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1525		1 1
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	٠	
_	Note: See the instructions for additional information the organization must report on Schedule O	· · · · ·	 	-
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
~	the organization is licensed to issue qualified health plans	- , , .		
С	Enter the amount of reserves on hand	'	-	-
14a		14-	 	
14a b	, , , , , , , , , , , , , , , , , , ,	14a	 	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		+
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) duning the year?	15	 	X
	If "Yes," see instructions and file Form 4720, Schedule N.	:	1 · ` `	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	1	<u> </u>
	If "Yes," complete Form 4720, Schedule O	Ľ		
EEA		Forn	1 990 ((2019)

Form 990 (2019) FOSTER HOPE FOUNDATION ORG Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 committee, explain on Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 Did the organization have members or stockholders? X 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? 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? Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X b Each committee with authority to act on behalf of the governing body? х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes 10a 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 use to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 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? X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Arizona Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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

	000	(2019)	
-orm	990	(2019)	

EEA

FOSTER HOPE FOUNDATION ORG

81-1021773

age 7

Form 990 (2019)

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

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

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

- 1a Complete, this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related	organization	1 comp	ensa			currer	ווס זו	icer, director, or tru	siee	
					C)					
(A)	(B)	(do n	at ahe		ore th	200.00	Į	(D)	(E)	(F)
Name and title	Average hours per week	officer and a director/trustee) ek						Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) JUSTIN HACK, CHAIRMAN CHAIRMAN OF THE BOARD				x				0	0	0
(2)										
(3)								1		
(4)										
(5)										
<u>(6)</u>										7
(7)							-			
(8)							-			
(9)			 -							
(10)			-				┢			
(11)		-		-						
(12)			-							
(13)										
<u>(14)</u>				 			<u> </u>			

FOSTER HOPE FOUNT Rait VIII Section A. Officers, Directors, Trustees			nd Hi	iahe	st C	ompe	nsat	ed Employees (co		1021	773 Page 8
(A)	(B)			Pos	C) ition			(D)	(E)		(F)
Name and title	Average hours per week	Average box, u hours office per week				an one both an trustee)	- 1	Reportable compensation from the organization	Reportable compensation from related organizations	on d	Estimated amount of other compensation from the
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MIS		organization and related organizations
15)											·
16)											· · · · · · · · · · · · · · · · · · ·
17)											··· · · · · · · · · · · · · · · · · ·
18)											
19)											
[20]											· · · · · · · · · · · · · · · · · · ·
21)											
(22)											
(23)										-	
[24]											
(25)											
1b Subtotal			• •				· •				
d Total (add lines 1b and 1c)								0		0_	0
Total number of individuals (including but not limit reportable compensation from the organization	>						 ,				Yes No
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule	J for such ind	vidual									3 X
For any individual listed on line 1a, is the sum of organization and related organizations greater that is desired.	n \$150,000? <i>lf</i>									,	
 individual	e compensation						nıza		· • • • • •		A X
Section B. Independent Contractors	complete 3ci	ledule .	101 8	Sucri	per	5011				<u> </u>	5 X
1 Complete this table for your five highest compen											
compensation from the organization. Report com-	pensation for	the cal	enda	зг уе	ar e	nding	with		ization's tax y	rear	
(A) Name and business add	ress						-	(B) Description of sen	rices		(C) Compensation
					_		-				
							-				
Total number of independent contractors (include received more than \$100,000 of compensation file.)	-			e list	ed a	bove)	who				

orm 990	<u> </u>		HOPE FOUN	DATI	ON ORG			81-10217	73 Page 9
Part V	∭≋	Statement of Reve				-			_
		Check if Schedule O con	tains a response	or not	e to any line in this	Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Ī	1a	Federated campaigns · ·		1a					观点影响
۰, ۵	b	Membership dues · · ·		1b	!				
unts	С	Fundraising events		1c	837,157				
5 6	d	Related organizations .		1d					
ifts ar A	e	Government grants (contrib		1e					
Contributions, Gifts, Grants and Other Sımilar Amounts	f	All other contributions, gifts							
ig s		and similar amounts not in	•	1f					
ibut	g	Noncash contributions incli	uded in						
d d	Ŭ	lines 1a-1f · · · · · ·		1g	· .				
ა≝	h	Total. Add lines 1a-1f	. <i>.</i>			837,157			
					Business Code			AND ACCOUNTS	
اه	2a								
Program Service Revenue	b					1			
Ser	С					1			
Ke H	d								
<u> </u>	e								
Pro	f	All other program service re	evenue · · · ·	• • •					
	g	Total. Add lines 2a-2f						到3000000000000000000000000000000000000	经产品的基础
	c d	other similar amounts) Income from investment of Royalties Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets	tax-exempt bond	i proce	(ii) Personal				
	h	other than inventory Less cost or other basis	7a						
ne	_	and sales expenses · ·	7b						
ven	C,	Gain or (loss)	7c		· ·				
Other Revenu	d	Net gain or (loss) · · · ·		•	· · · · · · · •				
her	8a	Gross income from fundrais	sing						
ᅙ		events (not including \$_	837,157	_		12.0			
		of contributions reported or	n line						
		1c). Sec Part IV, linc 18		80	<u> </u>	and the state of the second state of the second			
	b	Less direct expenses .		8t		全体的 2000	"我们是我们的		
	С	Net income or (loss) from f	undraising event	s _ ·			新工具。大型公司		
	9a	Gross income from gaming	9					WE THE SE	
		activities, See Part IV, line	19	93		POP A POP A STATE OF A		The state of the state of the	
	ь	Less: direct expenses .		9t	,				
	С	Net income or (loss) from g	gaming activities		· · · · · · · >				
	10a	Gross sales of inventory, le	ess			设置的基础	AND AND SE	Property	经国际的
		returns and allowances ·		10	a				
	Ь	Less cost of goods sold		10	h				
	С	Net income or (loss) from s	sales of inventor	, 			T		
					Business Code	A CONTRACTOR OF THE PARTY OF TH		11. 14. 14. 14. 14. 14. 14. 14. 14. 14.	
sn.	11a								
ano Jue	b					T		1	
Miscellanous Revenue	c					 	 	 	
<u>sc</u> Re	d	All other revenue · · · ·				1	 	 	1
≨	ľ	Total. Add lines 11a-11d				1		TE SOUTH DESKEE	terrosecercio

837,157

0

12

Total revenue. See instructions

0

81-1021773

FOSTER HOPE FOUNDATION ORG

Part X Statement of Functional Expenses

Do no	Check if Schedule O contains a response or note to a at include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		<u> </u>		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				第一种种种种的
	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				超级特别系统
4	Benefits paid to or for members				Principal designation of the state of the st
5	Compensation of current officers, directors,				- -
	trustees, and key employees	44,150	· · · <u></u>	44,150	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			İ	
	persons described in section 4958(c)(3)(B) · · · · ·		<u> </u>		
7	Other salanes and wages	619,070	448,521	169,999	550
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees) Management				
a b	Legal				
c	Accounting	6,048		6,048	
ď	Lobbying	0,048	···	0,040	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		S 1 St Section 1 St Section 3	TOWN ACTION OF THE PARTY IN THE	
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	73,148	73,148		
12	Advertising and promotion	2,365		2,365	
13	Office expenses	9,027		9,027	
14	Information technology	427		427	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	2,063	 	2,063	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,926		6,926	<u> </u>
24	Other expenses. Itemize expenses not covered	** X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2254W3255176	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	BANK CHARGES	393	Laborator to subject operator & Alice	393	C2007 WW C12-10-102-03-1-4-C
b	INTERNET & CABEL	2,161		2,161	
С	EQUIPMENT RENTAL	366		366	
đ	RENT	7,533		7,533	
9	All other expenses	10,836		10,836	
25_	Total functional expenses. Add lines 1 through 24e · · ·	784,513			550
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)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 1 Cash - non-interest-bearing 16,452 2 2 3 3 Pledges and grants receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a ь Less: accumulated depreciation 10b 10c 11 11 Investments - publicly traded secunties 12 12 Investments - other securities | See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 0 16,452 17 Accounts payable and accrued expenses 17 18 18 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ 🛭 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31

32

33

Total net assets or fund balances

16,452

16,452

32 0

33 0

_		1-102177	3	Pag	je 12
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		337,1	L57_
2	Total expenses (must equal Part IX, column (A), line 25)	2		784,	513
3	Revenue less expenses. Subtract line 2 from line 1	3		52,0	544
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5	Net unrealized gains (losses) on investments	5	·		
6	Donated services and use of facilities	6	~		
7	Investment expenses	7			
8	Pnor penod adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		52,	644
Pai	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		15.5	建筑	134
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				واسدون تورانون
	Schedule O		3.35		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		77.5	100	
	reviewed on a separate basis, consolidated basis, or both		1.00 mg	33.5	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				<u>کان'</u> ۲۶۸۰۰
	separate basis, consolidated basis, or both				ista in in Para in incident
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on		1300000 2005 12		M 74.6
	Schedule O		300 T 12		7. Y
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
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			İ	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	(19)

SCHEDULE A

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.

OMB No 1545-0047 2019

2019

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

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

Open to Public

Reason for Public Charity Status (All organizations must complete this part.) See instite organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 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 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)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college of agriculture (see instructions). Enter the name, city, and state of the college university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of support from gross investment income and unrelated business taxible income (less section 509(a)(4). An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively to test for public safety See section 509(a)(2). See section 509(a) Check the box in lines 12a through 12d that describes the type of supporting organization(s), by	oyer identification number								
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 church convention of churches, or association of churches of secribed in section 170(b)(1)(A)(ii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A hospital's name, city, and state bospital'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 section 170(b)(1)(A)(ii). A cognization controlly(1)(A)(iv), (Complete Part II) A cardial state, or local government or governmental unit described in section 170(b)(1)(A)(iv). A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community trust described in section 170(b)(1)(A)(iv). (Complete Part II.) A community in the section of the section 170(b)(1)(A)(iv). (Complete Part II.) A community in the section 170(b)(1)(A)(iv). (Complete Part II.) A comm	-1021773								
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A church convention of churches, or association of churches 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 A morganization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iv). (Complete Part II) A factorial, 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 of from the general process of the college of agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part III.) An agricultural research organization described in section 170(b)(1)(A)(v) 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 university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college university or a non-land-grant college of agriculture (see instructions). An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from actives related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from granization of the college university of many propersity of the described from granization of the support of the granization of the college activity of the	structions.								
	60								
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 section 170(b)(1)(A)(v). (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 processor in section 170(b)(1)(A)(v). (Complete Part II) A community trust described in section 170(b)(1)(A)(v). (Complete Part III) A community trust described in section 170(b)(1)(A)(v). (Complete Part III) A community trust described in section 170(b)(1)(A)(v). (Complete Part III) A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of support from gors 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 for the benefit of, to perform the functions of, or to carry out the p of one or more publicly supported organizations described in section 509(a)(2) (Complete Part III) An organization organized and operated exclusively for the benefit of, to perform the functions of or to carry out the properation organization organization operated in section 509(a)(2) (Organization 509(a)(2)) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12 a proper III organization organization operated organization operated in supported organization of the supported organi	()4								
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state A magnization operated for the benefit of a college or university owned or operated by a governmental unit describes section 170(b)(1)(A)(iii). (Operated Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(vi). (Complete Part II). A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Described Part III.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.) A community trust described in section 170(b)(1)(A)(vi). (Described Part III.) A community trust described in section 170(b)(1)(A)(vi). (Described Part III.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, an receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% os support from gross investment income and unrelated business staxable income (less section 511 tax) from businesses acquired by the organization departed exclusively for the benefit of to public safety. See section 509(a)(4). An organization organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organization departed exclusively for the benefit of to perform the functions of or to carry out the p of one or more publicly supported organization operated, supervised or controlled by its supported organization of or to carry out the p of one or more publicly supported organization operated, supervised or controlled by its supported organization of the supporting organization organization organ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
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Partill 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 χ_1 Section A. Public Support (e) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 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 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c)[®] 2017 (f) Total (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (e) 2019 8 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from 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 11 Total support. Add lines 7 through 10 . . 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 15 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. 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 b 10%-facts-and-circumstances test - 2018. 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 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2019 FOSTER HOPE FOUNDATION ORG

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

• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
(Complete only if you checked	the box on line 10 of Part I or if the organization failed to q	ualify under Part II
If the organization fails to qualif	y under the tests listed below, please complete Part II)	

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an					 	.
	unrelated trade or business under section 513 ·			1			
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				1	1	
	organization without charge	[l		į	l i	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons	ļ			1		
h	Amounts included on lines 2 and 3		<u> </u>			 	
	received from other than disqualified			İ			
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b		· 		 	 	
8	Public support. (Subtract line 7c from	~ ¥ ,%.5°; ·	\$ 1 7 p p 25 12	15.	2 (5 474 20)	148 - 15.5 July 10	
•	line 6.)	5. 3%		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			0
Se	ction B. Total Support		<u> </u>			<u> </u>	<u> </u>
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	<u> </u>	(2) 20.0	(0) 2011	(4) 20 10	10/2010	(1) 10.0.1
_	Gross income from interest, dividends,	ļ		 	 -		
	payments received on securities loans, rents,			1		i	
	royalties, and income from similar sources	1					
h	Unrelated business taxable income (less		 	 		 	
~	section 511 taxes) from businesses		1		1	1	
	acquired after June 30, 1975						
c	Add lines 10a and 10b		 	 	 	 	
11	Net income from unrelated business	}	 	 	 		
••	activities not included in line 10b, whether					1	
	or not the business is regularly carried on						
12	Other income Do not include gain or		 	 	 	 	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		 	 	 		
	and 12)			1 .			
14	First five years. If the Form 990 is for the or	ganization's firs	st second third	fourth or fifth	tax vear as a s	section 501(c)(3)	
	organization, check this box and stop here	-			-		
Se	ction C. Computation of Public Suppo						<u> </u>
15	Public support percentage for 2019 (line 8,			column (f))		. 15	%
16	Public support percentage from 2018 Scheo	• • •	•				%
Se	ction D. Computation of Investment Ir						
17	Investment income percentage for 2019 (line			e 13, column (<u>n)</u>	. 17	%
18	Investment income percentage from 2018 Sc	,					%
	a 33 1/3% support tests - 2019. If the organiz						
		and stop here	. The organizati	ion qualifies as	a publicly supr	orted organizati	O∏ •• ► I ≀
Ł	17 is not more than 33 1/3%, check this box	•	-	•		-	
ŧ		ation did not cl	neck a box on li	ne 14 or line 19	9a, and line 16	is more than 33	1/3%, and

Part IV. Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 designated 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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.)

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	3c		
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	TOTAL CONTROL OF THE PROPERTY		<u>_</u>	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person whò directly or indirectly controls, either alone or together with persons described in (b) and (c)		<u>.</u>	
	below, the governing body of a supported organization?	11a		
	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	Γ	162	_140
	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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. ~	τ,
	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.	7.1		
2	Did the organization operate for the benefit of any supported organization other than the supported	+	ļ.·	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	-	1.5	1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-		
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		,	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	*·'\	,	
	or management of the supporting organization was vested in the same persons that controlled or managed	<u> </u>	^	,
	the supported organization(s).	1		<u> </u>
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1. , .	十、	·
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			1
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		-	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations		ــــــــــــــــــــــــــــــــــــــ	Щ
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uction	e)	
' a		uction	13).	
t				
		e instr	uction	.c)
2	Activities Test. Answer (a) and (b) below.	0	Yes	
ā			1 .:	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	\.	. ľ	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	^		١.
	how the organization was responsive to those supported organizations, and how the organization determined	,		'
	that these activities constituted substantially all of its activities.	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	:	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	1		[,
	reasons for the organization's position that its supported organization(s) would have engaged in these			ľ
	activities but for the organization's involvement.	2b		
3	11 0			-
6	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	 	<u> </u>
١	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		1

Part 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aniz	ations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying true			art VI). See	
instructions. All other Type III non-functionally integrated supporting organization	ions i	must complete Sections A th	nrough E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
3 Other gross income (see instructions)	3			
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or				
collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other	433			
factors (explain in detail in Part VI).		常是是一种种的企业	国产工作的工作 的	
Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
see instructions)	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1) 1	
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		5	
4 Enter greater of line 2 or line 3				
5 Income tax imposed in prior year	5	THE REPORT OF THE PARTY OF THE	9	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			ξ	
emergency temporary reduction (see instructions).	6	建筑设施设施		
7 Check here if the current year is the organization's first as a non-functionally	intea	rated Type III supporting or	ganization (see	

instructions)

rik'd'i	Type in Non-Functionally integrated 509(a)(3)	Supporting Organiza	ations (continued)				
Sect	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exem						
	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purposes	of supported organization	ons				
	Amounts paid to acquire exempt-use assets						
	Qualified set-aside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	organization is responsi	ve				
	(provide details in Part VI). See instructions.						
	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
		Excess Distributions	Pre-2019	Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	ınstructions						
3	Excess distributions carryover, if any, to 2019	TO VE AT THE WARRING	NEW TO A SECTION OF THE SECTION OF T	是是最后的对方,但是			
a	From 2014			文学的数据的文学			
b	From 2015						
	From 2016						
	From 2017			经营业的 实验的			
	From 2018						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
$\overline{}$	Applied to 2019 distributable amount						
<u>_i</u>	Carryover from 2014 not applied (see instructions)			SALES CHARLES			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2019 from						
	Section D, line 7: \$		表现的特别				
$\overline{}$	Applied to underdistributions of prior years		4. M 13. M. 4. 2.200 Sect 20. M. 1. 10. 10. 10. 10. 10.				
<u>b</u>	Applied to 2019 distributable amount			A A STORY AND BUT THE STORY AND A STORY AN			
	1.00.000.000.000.000.000.000.000.000.00	PLANTS WITH BUSY WILLIAM TOOLS IN NO WITH					
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.	And the second of the second o	मा प्रदेशको । जा विदेशी हो प्रदेश स्थानको ।				
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in			{			
	Part VI. See instructions			क्षा . इसर्वाकोच्या विकास का अपना तार्वाकार क्षावार से का उन्होंने के उन्हों के स्थापन			
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.	The office of the second	TOTAL TOTAL CONTROL OF THE PARTY OF THE PART				
	Breakdown of line 7	THE STATE OF THE S					
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
_	Excess from 2018	FOR THE PARTY OF T	The programmy of the state of t				
<u>e</u>	Excess from 2019						

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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2019

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. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Name of the organization.

Open to Rublic

Employer identification number

OSTER HOPE FOUNDATION ORG						021773
Partil Fundraising Activities		_		vered "Yes" on F	form 990, Part IV	/, line 17.
Form 990-EZ filers are no						
1 Indicate whether the organization rais	ed funds through a					
a Mail solicitations				non-government gra	nts	
b Internet and email solicitations				government grants		
c Phone solicitations		9 🗀 🤅	Special fundra	aising events		
d In-person solicitations2a Did the organization have a written or	aral paraamant	th any make and	ممارات ماريطان	officers dispeters to	unto na	
or key employees listed in Form 990,	-	=			_	Yes No
b If "Yes," list the 10 highest paid individ				_		
compensated at least \$5,000 by the c		ilui aisei s) pui	suant to agre	ements under which	the fulldraiser is to be	·
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	 		
1				1		
		<u> </u>		ļ		
2						
3						
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8						
9						
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			_			
Total · · · · · · · · · · · · · · · · · · ·						
3 List all states in which the organization				ns or has been notific	ed it is exempt from	
registration or licensing						
				··		
						
						
						
						
*						
		·				
		-				
						

Page 2

		gross receipts greater than \$	<u> </u>			·
		Ì	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		,	(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts				
Re		Ţ				
ļ	2 3	Less Contributions		 		
4		line 2)				
ļ	4	Cash prizes		-		
	5	Noncash prizes			· · · · · · · · · · · · · · · · · · ·	
ses	6	Rent/facility costs · · · · · · ·				
Direct Expenses	7	Food and beverages		-		
Oirec	8	Entertainment				
	9	Other direct expenses				
Pa	11 řįtil	Net income summary Subtract line 1	ganization answered '	'Yes" on Form 990, Part IV		r
Revenue			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
				bingo/progressive bingo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	col (a) through col (c))
<u>~</u>	1	Gross revenue		bingo/progressive bingo		col (a) through col (c))
_	2	Gross revenue		bingo/progressive bingo		col (a) through col (c))
Expenses				bingo/progressive bingo		col (a) through col (c))
	2	Cash prizes		bingo/progressive bingo		col (a) through col (c))
Expenses	3	Cash pnzes	□ Vac			
Expenses	3 4	Cash prizes	Yes O	% Yes %	☐ Yes%	
Expenses	3 4 5	Cash pnzes Noncash pnzes Rent/facility costs Other direct expenses	☐ No	%	Yes %	
Expenses	3 4 5	Cash pnzes Noncash pnzes Rent/facility costs Other direct expenses Volunteer labor	No 2 through 5 in column (d)	%	☐ Yes% ☐ No	
Expenses	2 3 4 5 6 7 8	Cash pnzes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activity	% Yes % No umn (d)	☐ Yes% ☐ No	6
Direct Expenses	2 3 4 5 6 7 8	Cash pnzes	No 2 through 5 in column (d) act line 7 from line 1, column on conducts gaming activity	% Yes % No umn (d)	☐ Yes% ☐ No	6

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990 or 990-EZ.

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

FOSTER HOPE FOUNDATION ORG	81-1021773
RIGHT NOW WE ONLY HAVE ONE BOARD MEMBER THE DIRECTOR, WE HAVE HAD A MEETING	G 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 COMPLETED 2	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 T	HE 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 STREET	, LAVEEN AZ
85339	
	