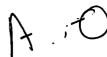
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F	orm	99	0 \	<b>.</b>	Return	of Organiz	ation Exe	mpt F	From In	come	e Ta <u>x</u>	<del>\</del>		OMB No 1545-0047
(	Rev Ja	nuary	2020)	- Under	section 501(c)	, 527, or 4947(a)(1)	of the Internal	Revenu	e Code (ex	cept pri	vate fou	ındatlons)	ار \	2019)
		•	e Treasury			ter social security						,	<b>V</b>	Open to Public
			e Service		▶ Go to w	ww.irs.gov/Form99	0 for instructio	ns and				<u></u>		Inspection
4	\ Fo	r the	2019 calendar	year, or t	ax year beginn	ing			, 2019, a	nd endi	ng			, 20
Į	Chi	eck if ep	plicable	C Name	of organizationFO	STER HOPE FO	UNDATION O	RG				D Empl		ntification number
ļ	_ ^4	dress ch	enge		business as									1021773
Ļ	ī .	me char	•			Dox if mail is not deliver	red to street address)	l		Room/suit	te	E Yelep		
Ļ	₹ .	lai rotun			X 1798	dans as at and TIP as	torring and and			<u> </u>		G Gros		2)218-0882
ŗ	5	isi retum iended r	Vierminated	1 .	. AZ 85280	vince, country, and ZIP or 3	toreign postal code					\$	2 leceipu	837,157
ř	₹ `		pending		<del></del>	ncipal officer JUSTIA	HACK CHA	IRMAN	3		H(a) to the	la a group ratum	(or subord)	
٠	J .41				AS C ABOVE		,		A	m		all subordinat		
	Tay	-exemp	t status: 💢 50	)1(c)(3)	501(c) (	} ◀ (insert no )	4947(e)(1) or	527	, <u>U</u>		4" 11	ło," stach a li	st (seo ir	nstructions)
:	Wo	bsite:									H(c) Gr	oup exemption	nedmun n	
ļ				orporation	Trust Ass	ociation Other	\	1.	Year of formation	n 201	6 1	A State of leg	at domic	ele AZ
ľ	Part	سلنت	Summary											
		1	Briefly describe	the organ	nization's missio	on or most significan	it activities:	FOSTE	R CHILD	REN C	ARE A	ND EXPE	NSES	· <del>-</del>
	ខ្ល							-				=		
y	E							<del></del>						
SCANNED	Activities & Governance	2	Check this box	▶ I if t	he organization	discontinued its ope	erations or dispo-	sed of m	nore than 25	% of its	net asse	ets		
3	ğ			_	-	ning body (Part VI, I						3		5_
ħ	S S			-		of the governing bo		16)				4		4
O	vitić 	5	Total number o	f individua	ils employed in	calendar year 2019	(Part V, line 2a)		• • • • •			5		4_
¥ ¥ ¥	YCE.	6			rs (estimate if n	• •						6		
₹	•					Part VIII, column (C)		• • • •	• • • • •			· ·   7a	<u> </u>	<u> </u>
0		ь	Net unrelated b	usinėss t	axable income f	from Form 990-T, lin	ie 39 · · ·		· · · · · ·	<del></del>		· ·   7b	<b></b>	
4			Contabuliane	nd arante	(Dart Hitt Tings)	PCEIVED	l			. —	Prior Y	981		Current Year 837,157
3	9	8 9	Program service	no granis	e (Partivili, line)					`}		·	-	0
3 3	en.	10	•		, , ,	}./inese2. 9 al@26)	137							0
	Rev	11	Other revenue	(Part VIII.	column (A). line	es 5, 6d Bc, 9c, 10c	and te)							0
		12	Total revenue -	add lines	8 through II to	nust equaLRan VIII	column (A), line	12)	<u>.</u>					837,157
	-	13				Obosemb (A)-Hines				•				0
ر		14	•			, column (A), line 4)				·				0
_	Ş	15				benefits (Part IX, c		5-10)	• • • •	٠			<u> </u>	663,220
د	seuses			•	•	olumn (A), line 11e)				·				0
	Expe	17		•	•	umn (D), line 25) ies 11a-11d, 11f-24e	<u> </u>		550				<del> </del>	121,293
	ш	18	•	-		equal Part IX, colum				.			· · · ·	784,513
•		19	-			8 from line 12								52,644
	58		<del></del> -								nning of C	ument Year		End of Year
	Net Assets or Fund Balances	20	Total assets (P	art X, line	16)			· · · ·		·			ļ	16,452
	₹ <u>5</u>	21	Total fiabilities	•	•	• • • • • • • • •		· • •		·				0
		22				ine 21 from line 20		• • • •	<u> </u>	•			<u>L</u>	16,452
	Par		Signature			m, including accompanying	no schedules and stat	emenia a	nd to the best o	af my knowi	ledge and	belief, it is		
	true, c	orrect, e	and complete Decla	ration of pre	parer (other than of	cer) is based on all infor	nation of which prepa	ver has en	y knowledge.					
			ττειπ.	и наск	· <b>\\$</b> 4	(A)						ĺ	1:	1-05-2020
	Sign	١	Signature		0							Di	ate	
	Here	e	JUSTI	N HACK	, CHAIRMAN	OF THE BOAR	<b>w</b>							
				ns eman Ini										
			Print/Type prepared	arer's name		Preparer's signature			Date		Ch	eck 🔀 1	PTIN	1
	Paid		TINA L N	ORROW		TINA L MORRO			11-09-20			f-employed	P	00687260
		oarei		<u> </u>		BOOKKEEPING S	BERVICE LLC				Firm's EIN			
	O26	Only	Firm's address	•		GWEN STREET					Phone no	490	-797-	9770
	Marri	he ID	discuss this re	turn with		AZ 85339 own above? (see in:	structions) C	<u></u>		<u>-</u> -				· X Yes No
						parate instructions		7						Form 990 (2019)
	EEA	~~~~			,	, <del></del>	( )	/						()

Form	990 (2019) FOSTER HOPE FOUNDATION ORG	81-1021773 Page 2
Par	rt III \Statement of Program Service Accomplishments	
	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
	If "Yes," describe these new services on Schedule O.	103 2010
3	Did the organization œase conducting, or make significant changes in how it conducts, any program	
•	services?	· · · · 🗌 Yes 🔣 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		<del></del>
		<del></del>
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$ )
		<del></del>
		<del></del>
		·····
4c	(Code. ) (Expenses \$ including grants of \$ ) (Revenue	S )
46	(Code) (expenses 5) (nauding grains or 5) (naverties	³,
4d	Other program services (Describe on Schedule O )	_ <del>_</del>
	(Expenses \$ 784,514 including grants of \$ ) (Revenue \$ 837,	157 }
40	Total program service expenses ▶ 784,514	
EEA		Form <b>990</b> (2019)



Page 3 81-1021773

Form 990 (2019) FOSTER HOPE FOUNDATION ORG
Part IV Checklist of Required Schedules

<u> </u>			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		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<del>                                     </del>		<u> </u>
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		<u> </u>
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		-	_ <u>x</u> _
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Pert II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes,"			
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			, }
	VII, VIII, IX, or X as applicable.			i
8	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		_х
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? // "Yes," complete Schedule D, Part VII	11b		<u>x</u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			l
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_x_
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 If "Yes." complete Schedule D. Part IX	11d		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		_ <u>x</u> _
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del> -		
•	Schedule D, Perts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			_ <del></del>
	"Yes," end if the organization enswered "No" to line 12e, then completing Schedule D. Perts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	İ		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? 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_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	_ ا		
	If "Yes," complete Schedule G, Part III	19	ļ	<u>x</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
b	· · · · · · · · · · · · · · · · · · ·	20b	<del> </del>	<del>                                     </del>
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 17 If "Yes," complete Schedule I, Parts I and II	21	990 (20	<u> </u>

Form 990 (2019) FOSTER HOPE FOUNDATION ORG Page 4 81-1021773 Checklist of Required Schedules (continued) Part IV No 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 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? 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% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ¥ 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M x 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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, Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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. Statements Regarding Other IRS Filings and Tax Compliance |Part V| Check if Schedule O contains a response or note to any line in this Part V........... Yes No 44

Form	990 (2019) FOSTER HOPE FOUNDATION ORG 81-10217	73	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yos	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
•	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			لــــا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u>x</u>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لنسا
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 calendar year, did the organization have an Interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			1
	See instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
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		x
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	glfts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
8	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	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		_x
ď,	If "Yes," Indicate the number of Forms 8282 filed during the year			
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		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		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsonng organization have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsonng organization make any taxable distributions under section 4966?	9a		x
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			Ι,
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1 ,
11	Section 501(c)(12) organizations. Enter			`
a	Gross income from members or shareholders		ļ.	!
ь	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		
ь	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.	<u>-</u>		<b> </b> :
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note: See the instructions for additional information the organization must report on Schedule O		"	******
ь	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	1		}
c	Enter the amount of reserves on hand	L		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	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 parachule payment(s) during the year?	15	L_	х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O		•	
FEA		Form	990 (	2019)

Form	990	(2019)	١

FOSTER HOPE FOUNDATION ORG

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Page 6

Pai	TVI .Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, end for a "No		<u> </u>	ogc o
·	response to line 8e, 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			. <b>x</b>
Sec	tion A. Governing Body and Management			
			Yos	No
1a	Enter the number of voting members of the governing body at the end of the tax year		-,08	100
16	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.  Folier the number of voting members included in line 1s, above, who are independent	' i	ì	
ь				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<del>-</del>		است
	any other officer, director, trustee, or key employee?	_2		х
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?	4		<u>x</u>
4		5	<del></del>	<u>x</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		_X
6	Did the organization have members or stockholders?	-		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.		
_	one or more members of the governing body?	7a		X
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b	ı	
	stockholders, or persons other than the governing body?	7.0		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	į		
_	the year by the following.	8a		
a	The governing body?	8b		_ <u>X</u> _
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	- 80		Х.
7	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			<u>x</u> _
960	ATOTI O. 1 OTTOTOS (TILIS SOCIEDI) D'INQUESTI MILITARILLEM BUDGI PONDOS MET POPULACO O VIDE INTERNACIONO CONC.)		Yos	
10a	Did the organization have local chapters, branches, or affiliates?	10a	-108	No X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	.00		├^-
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	x	
ь	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		×
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Yes,"			
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	_	×
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			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b		х
-	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		×
ь	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		
Sec	ction C. Disclosure			<u> </u>
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 (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 Dupon 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			

Form 990 (2019) FOSTER HOPE FOUND.	ATION OR	G							81-1021	773 Page 7
Part VII Compensation of Officers, Dire	ctors, Tru	stee	s, K	еу	En	ploy	/ee	s, Highest Co	mpensated En	nployees, and
' Independent Contractors										_
Check if Schedule O contains a response of							~		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Section A. Officers, Directors, Trustees, Key Employ									<del></del>	
1a Complete this table for all persons required to be listed. Re organization's tax year.	eport compen	sation	tor th	e ca	ena	iar yea	ren	aing with or within th	1 <del>0</del>	
<ul> <li>List all of the organization's current officers, directors, t</li> </ul>	trustees (whe	ther inc	liviđu	als (	or or	ganıza	tions	s), regardless of am	ount of	
compensation Enter -0- in columns (D), (E), and (F) if no co	mpensation	was pa	ald							
<ul> <li>List all of the organization's current key employees, if a</li> </ul>	any. See instr	uctions	for d	efin	ilion	of "key	em e	ployee "		
<ul> <li>List the organization's five current highest compensate</li> </ul>	ed employees	(other	than	an c	office	r, dire	ctor,	trustee, or key emp	loyee)	
who received reportable compensation (Box 5 of Form W-2	and/or Box 7	of Fo	m 10	99-	MIS	C) of n	nore	than \$100,000 from	n the	
organization and any related organizations										
<ul> <li>List all of the organization's former officers, key employ</li> </ul>						mploy	ees v	who received more	than	
\$100,000 of reportable compensation from the organization										
List all of the organization's former directors or trusts									of the	
organization, more than \$10,000 of reportable compensation	n from the or	ganıza	lion a	and a	any (	related	org	anizations		
See Instructions for the order in which to list the persons ab-								_		
Check this box if neither the organization nor any relate	d organization	n com	ensa			curre	nt of	ficer, director, or tru	stee	
					C)					
(A)	(B)	(do r	ol che		sition Iore l'	eno ne		(D)	(E)	(F)
Name and title	Average					i both ar Arustee)		Reportable compansation	Reportable compansation	Estimated amount of other
	por wook	0	or a. ~	a <b>u</b> .,		031007		from the	from related	compensation
	(list eny	오늘	ā	g	χ <sub>Θ</sub> γ	3 %	-6	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	direct	Š	Officer	yem	thesa thesa	Former			related organizations
	organizations	Individual bustee or director	nstitutional trustee		етріоуве	Highest compensated employee				
	dotted line)	stee	Zisie		8	pens				
			•			ated			j	
(1) JUSTIN HACK, CHAIRMAN	6500									
CHAIRMAN OF THE BOARD			$\vdash$	X			-	0	0	
(2)	<b></b>									
(3)		<u> </u>	H	一						
27										
(4)										
(5)										
(6)					├		-			
(7)					-	<b></b>	_			
22										
(8)										
(9)				_ <del>_</del>						
(10)			П							
(11)		-	H		$\vdash$	<del>                                     </del>	<del>  -</del>		<del>                                     </del>	
(12)		-	$\vdash$		-					

Page 8

, (A) Name and title	(P) Average hours por week	Average box, unless parson I officer and a director						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	ble tion ted	con	(F) sted amount of other spensetion om the
	(list eny hours for related organizations below dotted line)	Indivatual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-A		ouses	uzalion and organizalion:
(15)												
(16)												
(17)												
(18)												
(19)												
(20)								_				
(21)								-				
(22)									-			
(23)								<del></del>				
(24)				_			-					
(25)		<del> </del>					_					·
1b Subtotal	ection A .					• • •	-	0		0		
2 Total number of Individuals (including but not lin	nited to those ils								<u>I</u>			0
reportable compensation from the organization  3 Did the organization list any former officer, direct		employ	ee, c	or hig	hest	сотре	ensa	lled				Yes No
<ul> <li>employee on line 1a? If "Yes," complete Schedu</li> <li>For any individual listed on line 1a, is the sum organization and related organizations greater the</li> </ul>	of reportable com	npensa									3	X
individual											4	x
for services rendered to the organization? If "Ye. Section B. Independent Contractors	s," complete Sch	edule J	for s	uch	pers	on				· · · · <u>·</u>	5	x
Complete this table for your five highest compe compensation from the organization. Report co	•									veat		
(A)		ille Cale	31100	1 900	21 614	iding w	1010	(B)			(C)	
Name and business a	Mress							Description of service	:09		Compens	BIRON
					-							
Total number of independent contractors (inclured in the state of			nose	liste	d ab	ove) w	ho					
FFA	nom bie organii	-011011									Form	90 (2019)

Form 990			R HOPE FOUN	DATI	ON ORG	_ ·· · · · · · · · · · · · · · · · · ·		81-10217	73 Page 9
Part,V	1111-7	. Statement of Rev	enue						_
	<u> </u>	Check if Schedule O cor	ntains a response	or not	e to any line in this	·			<u> </u>
•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(0) Revenue excluded from tex under sections 512-514
	1a	Federated campaigns .		1a		では	<b>建柳柳</b>	Fig. 14	上で外の作が
Σω	b	Membership dues · · ·		1b					
E 5	C	Fundraising events · ·		1c	837,157				
9 g	d	Related organizations .		1d					<b>医红红红</b>
ar A	8	Government grants (contri	ibutions) · ·	10		[建筑等流流]	學是一門		
Ş.E	f	All other contributions, gifts	s, grants,				<b>清海福豐</b>		
a fig		and similar amounts not in	ncluded above	11			Charles Torrest and Co.		
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions incl	luded in						
29		lines 1a-1f		_1g_	\$	11-11-11-11-11-11-11-11-11-11-11-11-11-			阿拉里班特
	h	Total. Add lines 1a-1f	· · · · · · · · ·		···	837,157	The state of the s	<b>新華斯·福麗斯</b>	ではない。
	_				Business Code	部門開聯計算	<b>可是这种产品的</b>	點門 的時等型 1	是 "我在智慧与对小师"
<u>i</u>	2a								
ا يو ح	D	<del></del>			<del></del>	<del> </del>			
Program Service Revenue	C				<u></u>	<del>  -</del>			
हुं जु	a								
<u> </u>	•	All other program service re	DVGDUO.						
۵- ا		Total Add lines 2a-2f				<del>                                     </del>	Sealing, which distinguished	作無統種組織學	Note of Halling A. 1991.5.
						<del> </del>	in rate of the second contract	er eine mit me nicht me nicht. It.	by hite in whiter than
	3	Investment income (includit other similar amounts)	ng dividends, inte						
	4	Income from investment of							
	5	Royalties					-		
			(i) Real		(ii) Personal	<b>企业</b> 海融温度	· 如此非常用了。	書きる	では、
į	6a	Gross rents							
	ь	Less rental expenses · ·	6b				<b>正型企业企业</b>		
	c	Rental income or (loss)	6c			[經濟關聯。][[]		三點就看到	"多国际"
	d	Net rental income or (loss)			<i>.</i> <b>&gt;</b>			r=	
	7a	Gross amount from	(i) Secunti	<b>8</b> 3	(ii) Other		<b>達記。</b>		
		sales of assets							
a.	b	other than inventory Less cost or other basis	78			FIFTHER STATE			
Ž Ì		and sales expenses · ·	7b						
Revenue		Gain or (loss)	7c		l	和。然為都是	s: Thursday	是"叫玩"等"别 <u>把</u> "。	<b>建生物性等的 医性性</b>
ğ.		Net gain or (loss)	-1	· —	<u>▶</u>	Parallelle and the same	न्त्रां साहित सहस्र के कर महारा	स्ट्रा असी असीका द्वापी असी	
Othe	58	Gross income from fundral events (not including \$	-						
U		of contributions reported or	837,157	-				TARE THE	
		1c) See Part IV, line 18		8a					能夠與毛點們
	ь	•		86		1944号编辑			[2] 医三甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
		Net income or (loss) from fr			<u></u> ▶		· "如性胸動症		
		Gross income from gaming	_						<b>到低水油加速</b>
		activities, See Part IV, line	•	9a					
	ь			9Ь		<b>一种地震道胸</b>	高いいよりは	部。西部門的	<b>CINEDITINE</b>
, • -	С	Net income or (loss) from g	gaming activities	`					
	10a	Gross sales of inventory, le	ess ` · `		tı -	理學學學			FEET ME AND THE
		returns and allowances .	: .`	10a			THE STATE OF THE S		
		Less: cost of goods sold		10Ь	·	L'an action du la	#15年15月11日	是認即使不可能是	<b>唯計即即,心裡所謂</b>
	Ç	Net income or (loss) from s	sales of inventory	<u>···</u>	· · · · · •	a heat to it is a man of a second	Springlywha the and 1110	di hamilina an ar	TARREST STATES
	,				Business Code	HI. W. M. T. W. A. S. R. V.	Rockin-Hallett for the	<b>业学机场由总统是清楚</b>	武士和公司等
a. e.	11a					<del> </del>		<u> </u>	
lan Sir	ь	<u></u>			ļ	<del> </del>		<u> </u>	
eve	C	All the second				<del> </del>	ļ <del> </del>		<del> </del>
Miscellanous Revenue		All other revenue			L	<del> </del>	mai Hindle Traces And the All	'ng gelekur; san s	
		Total. Add lines 11a-11d							Latter on resembling
	12	Total revenue. See instruc	uons · · ·	• • •	· · · · · •	837,157	0	0	Form 690 (2010)
EÉA									Form 990 (2019)

Form 990 (2019) FOSTER HOPE FOUNDATION ORG
Part IX. Statement of Functional Expenses

2600	on 501(c)(3) and 501(c)(4) organizations must complete all colur Check if Schedule O contains a response or note to			<del>III (A).</del> • • • • • • • • • • • • •	
Don	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	1			Lathick a to Tree to
	and domestic governments See Part IV, line 21				作品 作品明 建
2	Grants and other assistance to domestic			En 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المناسبة الم
	individuals. See Part IV, line 22			世 · 中京中山東京	
3	Grants and other assistance to foreign			ma Con the Tarth To	一种电子,
	organizations, foreign governments, and			The second second	The state of the s
	foreign individuals See Part IV, lines 15 and 16				中,国际工作工作
4	Benefits paid to or for members			明明 学生の	おいまして かんかい からさる
5	Compensation of current officers, directors,				
	trustees, and key employees	44,150		44,150	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · · ·				L
7	Other salaries 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				<u> </u>
11	Fees for services (nonemployees).				1
a	Management				
Ь	Legal			<u> </u>	
C	Accounting	6,048		6,048	
ď	Lobbying		a the Seet and a statement of the	writer to city, at Ethical and	
θ	Professional fundraising services See Part IV, line 17		· 理论分析以图图 " · · · · · · · · · · · · · · · · · ·	是"是我们的一个	
f	Investment management fees				
8	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)	73,148	73,148		<u>·</u>
12	Advertising and promotion	2,365		2,365	
13	Office expenses	9,027		9,027	
14	Information technology	427		427	
15	Occupancy				
16 17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,063	<del></del>	2,063	<del></del>
20	Interest	2,063	<del></del>	2,063	<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	6,926		6,926	
24	Other expenses Itemize expenses not covered	NOT THE REAL PROPERTY.	THE PROPERTY OF	4、5000年代全国的国际	<b>温度等高温度等</b>
•	above (List miscellaneous expenses on line 24e. If		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		
	line 24e amount exceeds 10% of line 25, column			STORE IS THE TOTAL OF THE PARTY	
	(A) amount, list line 24e expenses on Schedule O.)				
a	BANK CHARGES	393	1 2 11 2 12 22 11 11 14	393	
b	INTERNET & CABEL	2,161		2,161	
c	EQUIPMENT RENTAL	366		366	
ď	RENT	7,533		7,533	
9	All other expenses	10,836		10,836	
25	Total functional expenses. Add lines 1 through 24e	784,513	1	262,294	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				1 . ,
	following SOP 98-2 (ASC 958-720)	<u> </u>			L

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16,452

Form 990 (2019)

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

33

Form	990 (2019) FOSTER HOPE FOUNDATION ORG	1-102177	3	Pa	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check of Schedule O contains a response or note to any line in this Part XI	<i>.</i>			Д
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8	37,	157
2 `	Total expenses (must equal Part IX, column (A), line 25)	2	7	84,	513
3	Revenue less expenses Subtract line 2 from line 1	3		52,	644
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	Prior 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		52,0	644
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · ·	· · · ·	<u></u>	卫
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			ı	1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ı	
	Schedule O			.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			į	- 1
	reviewed on a separate basis, consolidated basis, or both		[ · [	]	l
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?	• • • • • •	2b	_4	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				ı
	separate basis, consolidated basis, or both		1		- 1
	Separate basis Consolidated basis Both consolidated and separate basis	ì	-		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			- 1	
	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	İ	ا. ا	İ	1
_	Schedule O.	İ			لــــ
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		<u>x</u> _
Þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		,	- 1	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u>· · · · · · · · · · · · · · · · · · · </u>	3b		
EEA			Form 9	19U (20	J19)

#### **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.

OMB No 1545-0047 2019

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

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number Name of the organization 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.) 1 П A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) П A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii), П 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 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 university 🔣 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type (II 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 I, Type II, 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 ees) hoggus isdo listed in your governing support (see (described on lines 1-10 instructions) above (see instructions)) Instructions) Yes No (A) (B) (C) (D) (E)

Total

	-						,
_	tule A (Form 990 or 990-EZ) 2019 FOSTER HO	PE FOUNDATI	ON ORG	4564114		81-10217	
P <sub>i</sub> a	Support Schedule for Organization						
	(Complete only if you checked the Part III. If the organization fails to						illy under
30	ction A. Public Support	quality unde	i tile tests iis	ica below, pie	sase complet	e rait iii.)	
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) 20.0	(5) 2010		12/2010	(0) 20 10	/.,
•	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						<del></del>
	Total. Add lines 1 through 3	Contract the state	The Jitte duchicale:	Water Gent 191 11 19	Wild State of the Control of the Con	かがが数 *15 数字がつ	
5	each person (other than a				hard and a state of		•
	governmental unit or publicly	The Maria				起了 海州 准则	
	supported organization) included on			<b>计算的编码数</b>			•
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	<b>斯斯河峡</b> 海生	<b>医肾性性性</b>		E ALL THE REAL PROPERTY.	是 " 是 " 是 "	·
	Public support. Subtract line 5 from line 4	聖がまる。	此,理理,一世代世上	門門,開於時間	聖皇帝二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	1. 南京大学に	
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4		_/_				
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from						
	similar sources	/					
9							
	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						
44	(Explain in Part VI.)	6 it 7650 (200 S)	Madeshill 1 - hia	Albania Malbalathille d	995 (2795) 2 July	門上部門國門為門	
	Total support. Add lines 7 through 10			1 "Furn Hilliam His Thefr	THE STATE AND SE	12	·
13	First five years. If the Form 990 is for the org	panization's first	. second. third.	fourth, or fifth t	ax year as a se		
	organization, check this box and stop here						
	ction C. Computation of Public Suppo	rt Percentag	е				
	Public support percentage for 2019 (line 6, c					14	<u>%</u>
15	Public support percentage from 2018 Sched	lule A, Part II, II	ne 14		441.004004	15	<u>%</u>
16	a 33 1/3% support test - 2019. If the organization and stop here. The organization qualifie	tion did not che	ck the box on III	ne 13, and line	14 15 33 1/3% (	or more, check i	nis 🛌 🗀
	b 33 1/3% support test - 2018. If the organization	s as a publicly :	supported organ	13 or 16a and			neck
	this box and stop here. The organization qua	alifies as a publi	cly supported of	organization			▶ □
17	a 10%-facts-and-circumstances test - 2019.	If the organizat	on did not che	ck a box on line	13, 16a, or 16	b, and line 14 is	54 L
	10% or more, and if the organization meets to	he "facts-and-ca	rcumstances"	test, check this	box and stop I	nere. Explain in	บ
	Part VI how the organization meets the "fact						
	organization						· · · · · • • • • • • • • • • • • • • •
	b 10%-facts-and-circumstances test - 2018.	If the organizat	ion did not che	ck a box on line	13, 16a, 16b, (	or 17a, and line	•
	15 is 10% or more, and if the organization me	eets the "facts-a	and-circumstan	ces" test, check	k inis box and s	itop nere.	ich
	Explain in Part VI how the organization mee supported organization	es the Tacts-an	u-circumstanc	es lest. Ine of	yanızation qua	unies as a publ	<b>-</b> 🗆
12	Private foundation. If the organization did n	ot check a box	on line 13, 16a	. 16b. 17a. or 1	7b. check this t	oox and see	; · · · · ·
	instructions						· · · · · • · □

81-1021773

FOSTER HOPE FOUNDATION ORG
Support Schedule for Organizations Described in Section 509(a)(2) Part III

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

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) >	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20°	19 <b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise		i				
	sold or services performed, or facilities					1	
	furnished in any activity that is related to the organization's tax-exempt purpose		1				
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		ļ				
b	Amounts included on lines 2 and 3	•			ļ		
	received from other than disqualified					Ì	
	persons that exceed the greater of \$5,000		ŀ				
	or 1% of the amount on line 13 for the year			<u> </u>			
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			, , ,			
	line 6.)		1				0
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20°	19 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on secunties loans, rents,						
	royalties, and income from similar sources · ·						
þ	Unrelated business taxable income (less				,		
	section 511 taxes) from businesses			ĺ			
	acquired after June 30, 1975						
C	Add lines 10a and 10b						<del> </del>
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					ļ	
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)	<u></u>			<del></del>	<del> </del>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		)	founds as Con-	104 110 22 22 22	action FO	1/0/(2)
14	First five years. If the Form 990 is for the org						
_	organization, check this box and stop here			<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · ·	·····
	ction C. Computation of Public Suppo					15	%
15	Public support percentage for 2019 (line 8, c					16	
16	Public support percentage from 2018 Sched			<del></del>	· · · · · · · · · · · ·	1 10 1	<u></u>
	ction D. Computation of Investment In			o 13 column /f	<u></u>	17	<u>%</u>
17	Investment income percentage for 2019 (line	TUC, COlumn (I	), alviaea by iin	e 13, column (1	))	18	
18	Investment income percentage from 2018 Sc	neoule A, Part	III, IINE 77	log 44 and the			
198	33 1/3% support tests - 2019. If the organiza	ation aid not ch	eck the box on	iiile 14, and lin	e io is more in	all 33 1/3	70, dilu lille
	17 is not more than 33 1/3%, check this box	ena stop nere.	ine organizati	on quaimes as	a publicly supp	onteu orga	anization · · ► □
b	33 1/3% support tests - 2018. If the organization of the second tests - 22 1/3% should then be	auon old not ch	eck a box on III	ne 14 Ur line 19 ization custifica	a, and mit 101	S HIUIE (II)	organization
20	line 18 is not more than 33 1/3%, check this be Private foundation. If the organization did no	ox and stop h	ere. The organi	or 10h chack	this have and ac	op justeries	ions .
20	Private foundation. If the organization did h	or cueck a pox	OIT III 14, 198	, or 150, Check	uns oux anu se		A (Form 980 or 990-EZ) 2019

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)

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Sec	tion A. All Supporting Organizations
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by
	class or purpose, describe the designation. If historic and continuing relationship, explain

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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.
- 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.
- 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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	Yes	No
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	ule A (Form 990 or 990-EZ) 2019 FOSTER HOPE FOUNDATION ORG 81-102177	<u>3</u>	P	age 5
Pa	rtilV Supporting Organizations (continued)			
		15 H C	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1.44	6.7	; il
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-	المنت	الت.
	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		N7 I	41.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	77.	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	₩		<b>11</b>
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	The i	- # - W	, 364
	controlled the organization's activities. If the organization had more than one supported organization,	1.33.1	4."	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	rif , i	1	<i>i</i> ] H
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	4	3. <sup>2</sup> .4.	
_	•	1715 #	5 .50	m-Mithus
2	Did the organization operate for the benefit of any supported organization other than the supported	7.5	1.4	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		17 7	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		250
<u> </u>	supervised, or controlled the supporting organization.		Ш	
260	tion C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	7, 463	1.47.3	<del>+3'·•</del> -4
1	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			7
	the supported organization(s)	1		المنتقب المناف
Sac	tion D. All Type III Supporting Organizations			
<u> </u>	COURT AND TYPE IN Cupporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	in- 4	Ť	(1 yell
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	44.49.6		: 18 E
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	3.45	ا اور ناده ا اور ناده	1 19
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		والتنبهينات
2		1.4	3 12	40° j. 1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			T P
	the organization maintained a close and continuous working relationship with the supported organization(s).	-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2	15	HER 4" 464
•	significant voice in the organization's investment policies and in directing the use of the organization's			114
	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		المساعد
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions	s).	
а	The organization satisfied the Activities Test Complete line 2 below.	•		
b				
C	The organization supported a governmental entity. Describe in Part VI how you supported a government ontity (s	eo instru		<u>:).                                    </u>
2	Activities Test. Answer (a) and (b) below.		Yes	No
а		il-cie!		177
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		,	4-1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			四部
	how the organization was responsive to those supported organizations, and how the organization determined	HAT!	44	::17
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	海. 1		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	231.015		o'zili.n',
	reasons for the organization's position that its supported organization(s) would have engaged in these	- 4 H	# "#	
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		[4]: ::	FI
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			<b>L</b> .
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		السطان	14 17
	of its supported organizations? If "Vas." describe in Part VI the mile played by the omenization in this regard	36		

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Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.	ist on	Nov. 20, 1970 (explain in P	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
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)
Aggregate fair market value of all non-exempt-use assets (see	100		性点 法事政法
instructions for short tax year or assets held for part of year).	SE-	· "是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	<b>海洲湖洋港等地</b>
a Average monthly value of secunties	1a	l	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	1	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		医血管 "是一家"
factors (explain in detail in Part VI).	1.16		· · · · · · · · · · · · · · · · · · ·
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	_ 4		l
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	【************************************	
2 Enter 85% of line 1.	2	部门由于中心 二九八十八年 八年 明 山	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4	The second of th	
5 Income tax imposed in prior year	5	·清京·中部一門	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions)	integ	rated Type III supporting or	ganization (see

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1. Amounts paid to supported organizations to accomplish exempt purposes 2. Amounts paid to perform activity that directly furthers exempt purposes of supported organizations. In excess of income from activity 3. Administrative expenses paid to accomplish exempt purposes of supported organizations 4. Amounts paid to acquire exempt-use assets 5. Qualified set-ased amounts (prior IRS approval required) 6. Other distributions (describe in Part VI). See instructions 7. Total annual distributions. Add lines 1 through 6. 8. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9. Distributable amount for 2019 from Section C, line 6 10. Line 8 amount divided by line 9 amount 7. Section E - Distribution Allocations (see instructions) 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 instructions 9. Excess distributions carryover, if any, to 2019 1. From 2014 1. Section E - Distributions carryover, if any, to 2019 1. From 2015 2. From 2016 3. Excess distributions carryover, if any to 2019 2. From 2016 3. From 2016 4. From 2017 5. From 2016 5. From 2016 6. From 2017 7. From 2016 7. Total of lines 3a through e 7. Total of lines 3a through e 8. Provided to underdistributions of prior years 9. Applied to underdistributions of prior years 1. Applied to 2019 distributable amount 1. Carryover from 2014 not applied (see instructions) 1. Remainder Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 1. Remainder Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 1. Applied to underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 1. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 2. For result greater than zero, explain in Pa		tion D. Dietelbution	ations (continued)	6	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations  4 Amounts paid to acquire exempt-use assets  5 Qualified set-ased amounts (prior IRS approval required)  6 Other distributions (describe in Part VI) See instructions  7 Total annual distributions. Add lines 1 Brough 6.  8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.  9 Distributable amount for 2019 from Section C, line 6  10 Line 8 amount divided by line 9 amount  Section E - Distribution Allocations (see instructions)  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 instructions  1 Excess distributions carryover, if any, to 2019  2 From 2014  3 From 2015  5 From 2016  6 From 2017  7 From 2018  7 Total of lines 3a through e  9 Applied to underdistributions of prior years  h Applied to 2019 distributable amount  1 Carryover from 2014 not applied (see instructions)  1 Remainder Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions  7 Remaining underdistributions of prior years prior to 2019, if any Subtract lines 3a and 4b from 4.  8 Remaining underdistributions for zoges prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions  7 Excess from 2015  8 Breakdown of line 7:  a Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015  b Excess from 2015			·	Current Year	
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## **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization		·				Employoride	ntification number
FOSTER HOPE FOUNDATION ORG		_				81-10	21773
Part I Fundraising Activities				wered "Yes" on I	Form 99	0, Part IV,	line 17.
Form 990-EZ filers are not							
1 Indicate whether the organization raise	ed funds through a						
a Mail solicitations				non-government gra	ents		
b Internet and email solicitations		=		government grants			
c U Phone solicitations		9 🗀 🤄	Special fundr	alsing events			
d In-person solicitations							
2a Did the organization have a written or						п.	
or key employees listed in Form 990, I						_	es    No
b If "Yes," list the 10 highest paid individ compensated at least \$5,000 by the or		Hulaiseis) pui	Suaill to agre	entents under Willer	ine iunura	1501 15 10 00	
compensated at least \$5,000 by the di	garuzation						
		All Did for	draiser have	T	(v) Am	ount paid to	(vi) Amount paid to
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		r control of	(iv) Gross receipts from activity		tained by)	(or retained by)
Of Bristy (turidibise)	' '	contrib	utions?	I IIOIII acuvity		ser listed in ol (l)	organization
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3 List all states in which the organization	is registered or lic	ensed to solic	it contribution	ns or has been notifie	d it is exen	npt from	
registration or licensing							
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Content type   Cont		t II	Fundraising Events. Comp		inswered "Yes" on Form		
(a) Event #1		•	•		gross income on Form	990-62, lines 1 and 60.	List events with
Core receipts   Covert type	П		gross receipts greater trial		(b) Even1 #2	• •	(d) Total events (add col. (a) through
1 Gross receipts   2   2   2   2   2   2   2   2   2	1			(event type)	(event type)		
2 Less: Contributions	اي		Ì		1 1		
2 Less Contributions 3 Gross Income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Feod and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Garming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Blingo (b) Pult tubulinstant bingolyrogressive bingo (c) Other gaming (cd) Total gaming (ac) (a) through cd (d) Total gaming (ac) (a) through cd (d) Total gaming (d) Total	Reven	1	Gross receipts · · · · · · · ·				
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4 Cash prizes  5 Noncash prizes  6 Rent/facility costs  7 Food and beverages  8 Entertainment  9 Other direct expenses  10 Direct expense summary Add lines 4 through 9 in column (d)  1 Net income summary. Subtract line 10 from line 3, column (d)  1 Net income summary. Subtract line 10 from line 3, column (d)  1 Garning. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than  \$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (a) Coll (a) through col (a) through col (a) through col (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (a) Total gaming (a) Coll (a) through col (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (c) Total gaming (a	- [	3	Gross income (line 1 minus	-			
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Second   Part III		4	Cash prizes				
7 Food and beverages		5	Noncash pnzes · · · · · · ·	<del></del>			
9 Other direct expenses	255 255	6	Rent/facility costs · · · · · · ·				
9 Other direct expenses	Egge	7	Food and beverages				
10 Direct expense summary Add lines 4 through 9 in column (d)    Net income summary. Subtract line 10 from line 3, column (d)   Saming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (a) through col (a) through col (a) through col (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) Pull labs/instant   (c) Other gaming (accil (a) through col (b) P	<u>§</u>	8	Entertainment				
11   Net income summary. Subtract line 10 from line 3, column (d)   Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (a) (d) Total gaming (a) (d) through col (a) through col (a) through col (b) Pull labs/instant bingo/progressive bingo   (c) Other gaming (a) (d) total	비				1		
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3 Noncash prizes	Pa	10 11 rt II	Direct expense summary Add lines of Net income summary. Subtract line of Garning. Complete if the or \$15,000 on Form 990-EZ,	0 from line 3, column (d) ganization answered "Y line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor No No No No  7 Direct expense summary Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities	Pa	10 11 rt II	Direct expense summary Add lines of Net income summary. Subtract line of Garning. Complete if the or \$15,000 on Form 990-EZ,	0 from line 3, column (d) ganization answered "Y line 6a.	(b) Pull tabs/instant	<u> </u>	(d) Total gaming (add
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### **SCHEDULE O** (Form 990 on 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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

EEA

► Attach to Form 990 or 990-EZ.

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

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