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 Inspection

Α	For the	2019 calendar y	year, or tax year beg	nning	, 2019, a	and ending	<u> </u>	, 20
В	Check if ap	pplicable:	C Name of organization	OSTER ARIZONA HOUSING	PROJECT		D Em	ployer identification number
	Address ch	nange	Doing business as					83-1098589
Ī	Name char	_		P.O. box if mail is not delivered to street ac	ldress)	Room/suite	F Tel	ephone number
X	Initial return	_	PO BOX 20787	box ii maii is not delivered to street de	idi coo)	rtoonyouite		(480)760-5008
				G Gross receipts				
		n/terminated	1 ' '	rovince, country, and ZIP or foreign postal	code			·
	Amended r	eturn	MESA, AZ 8527				\$	41,026
Ш	Application	pending	F Name and address of p	rincipal officer: KIM J VEHON		H	(a) Is this a group retu	rn for subordinates? Yes X No
			SAME AS C ABOV	/E		H	(b) Are all subordin	ates included? Yes No
<u> </u>	Tax-exemp	ot status: X 501	1(c)(3) 501(c) () (insert no.) 4947(a)(1) d	or 527		If "No," attach a	list. (see instructions)
J	Website:	► FOSTE	RARIZONAHOUSIN	GPROJECT.ORG		н	(c) Group exempt	ion number ►
K	Form of org	ganization: X Cor	rporation Trust A	ssociation Other ►	L Year of format	ion: 2019	M State of I	legal domicile: AZ
	art I	Summary					'	
		Briefly describe	the organization's mis	sion or most significant activities	TO BRIDGE TH	IE BAP I	BETWEEN IM	PACTING KIDS IN
		•	<u>-</u>	THEY TRANSITION OUT (-			SING, SUPPORT AND
çe			S NEEDED TO BE		or robinic crice.	. 10 11	COVIDE HOO	DING, BUITONI IND
Governance		TILE SKITTS	S NEEDED IO BE	SUCCESSFUL.				
ē		0 1 11 1	. 🗆		P 1 7 7	2504 64		
ő			_	on discontinued its operations or				I
∞ ∞								7
Activities &	4	Number of indep	pendent voting membe	ers of the governing body (Part ee	(I, line 1b)		4	7
ξ	5	Total number of	individuals employed	in calendar year 2019 (Part V, lir				0
Ē	6	Total number of	volunteers (estimate i	f necessary)		\	6	
٩	7a	Total unrelated I	business revenue from	n Part VIII, column (C), line 12			7a	0
	b	Net unrelated bu	usiness taxable incom	e from Form 990-T, line 39 .			7b	0
							Prior Year	Current Year
Revenue	8	Contributions an	nd grants (Part VIII lin	e 1h)		-		29,475
				ne 2g)				11,551
ě				(A), lines 3, 4, and 7d)				0
œ				ines 5, 6d, 8c, 9c, 10c, and 11e)				0
				(must equal Part VIII, column (A				41,026
	13	Grants and simil	lar amounts paid (Par	t IX, column (A), lines 1-3)		•		0
	14	Benefits paid to	or for members (Part	IX, column (A), line 4)				34,328
"	15	Salaries, other c	compensation, employe	ee benefits (Part IX, column (A),	lines 5-10)			0
Š	16a	Professional fun	ndraising fees (Part IX	, column (A), line 11e)				0
Expense	b	Total fundraising	g expenses (Part IX, c	olumn (D), line 25) ►	0			
Ä	17		4 '			-		4,130
		•		st equal Part IX, column (A), line				38,458
				e 18 from line 12		•		2,568
_		revenue less ex	Aportoco. Oubtract IIII	TO HOME TE	<u> </u>	Parinni	na of Comment Vee	
S		Tatal assats (Da	ant V. line 40)			Бедіпп	ng of Current Year	
SSe	20	,				•		13,868
Net Assets or	21	Total liabilities (F	,			•		11,300
				t line 21 from line 20		•		2,568
	art II	Signature						
				turn, including accompanying schedules are officer) is based on all information of which		t of my knowle	dge and belief, it is	
	, ,			,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		KIMBERI	LY VEHON					
Siç	jn 🛭	Signature of	officer				[Date
Не	re	KIMBERI	LY VEHON, CEO					
			name and title					
		Print/Type prepare	er's name	Preparer's signature	Date		Check i	PTIN
Pa	id	,, ,	_		07 21 20	120		'
		Sharon A		Sharon A Lewis EA	07-21-20		self-employed	XXXXXXXX
	eparer	Firm's name		usiness Services Inc			n's EIN ►	
US	e Only	Firm's address	2390 N	Alma School Rd Ste 13	L5	Pho	ne no.	
			CHANDLE	R AZ 85224			480	-664-1249
May	the IRS	discuss this rati	im with the preparer of	chown above? (see instructions)				X Yes No

83-1098589

			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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	VII, VIII, IX, or X as applicable.			
а				
а	complete Schedule D, Part VI	11a		х
b		ıια		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С				
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е		11e		x
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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		х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,		
	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued) Part IV

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Did the diganization report more than \$5,000 or 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
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	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?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part L	25b		Х
	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
	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		x
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			A
	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			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	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
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
	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,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	251		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
	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	36		v
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	0.		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Part				
. uit	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			
	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		x

Part 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			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		х
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	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,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country ▶			
	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
С	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		х
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).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
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		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
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		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
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:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 45	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	4-		
	excess parachute payment(s) during the year?	15		Х
46	If "Yes," see instructions and file Form 4720, Schedule N.	40		
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.			

FOSTER ARIZONA HOUSING PROJECT Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Governing Body and Management
Check if Schedule O contains a response or note to any line in this Part VI
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
	Establishment of the complete of the complete behavior to the complete behavior to the complete of the complete behavior to the complete behavior		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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		v
3	any other officer, director, trustee, or key employee?			Х
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		v
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		X
6	Did the organization have members or stockholders?	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•		
, u	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
-	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
40	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 15		14	х	
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		х
b	Other officers or key employees of the organization	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.00		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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		x
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
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			
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			
	KIMBERLY VEHON (480)760-5008, PO BOX 20787, MESA, AZ 85277			

Form	990	(201	Q
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33	3 –	1	0	9	8	5	8	9	
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Page **7**

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

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

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

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

				((C)				
(A)	(B)	ļ ,.			sition		(D)	(E)	(F)
Name and title	Average					nan one s both an	Reportable	Reportable	Estimated amount
	hours	offic	er and	l a dir	rector	/trustee)	compensation	compensation	of other
	per week (list any						from the organization	from related organizations	compensation from the
	hours for	or director	Insti	Officer	Key	Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	recto	Institutional trustee	ě	Key employee	lest	P		related organizations
	organizations	or true	nalti		loye	e			
	below dotted line)	stee	uste.		Ф	bens			
	dotted line)		0		1	ated			
(1) KIM J VEHON	20.00								
CEO AND FOUNDER		X		Х			0	0	0
(2) ALLEN MOORE	1.00			,					
CHAIRMAN		X		Х			0	0	0
(3) JACK_KELLER	1.00	_							
VICE CHAIRMAN		X	Ш	Х			0	0	0
(4) KATHY HUIZINGH	1.00								
TREASURER		X		х			0	0	0
(5) KARIN DAHLMAN	1.00								
SECRETARY	P	X	Ш	Х			0	0	0
(6) CHRIS MEYER	1.00								
BOARD MEMBER		Х					0	0	0
(7) THOM_VEHON	1.00								
BOARD MEMBER		х					0	0	0
<u>(8)</u>									
(0)			Н						
<u>(9)</u>									
(40)									
<u>(10)</u>									
(44)									
<u>(11)</u>									
(40)									
<u>(12)</u>									
(42)			\vdash						
<u>(13)</u>									
(4.0)									
<u>(14)</u>									

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				(C)							
(A) Name and title	(B) Average hours per week (list any	box, offic	(do not che box, unless officer and			s both ar /trustee)	n)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	со	(F) nated am of other mpensate	r tion
	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)		anization d organi	
[15]												
(16)												
17)												
18)												
19) 20)												
21)												
22)												
23)					-							
<u></u> 24)												
25)	-		4									
to Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A .						. •	0	0			0
2 Total number of individuals (including but not reportable compensation from the organizatio		isted a	bove) wh	o re	eceive	d mo	ore than \$100,000	of			
3 Did the organization list any former officer, of employee on line 1a? If "Yes," complete Sch.	lirector, trustee,	•				-		•		3	Yes	No
4 For any individual listed on line 1a, is the sum organization and related organizations great	of reportable co er than \$150,000	mpensa	ation	and	oth	er con	npen	sation from the				
individual	crue compensatio		-			-		ation or individual		5		x
Section B. Independent Contractors 1 Complete this table for your five highest complete.	ensated independ	dent co	ntrac	tors	tha	t recei	ved	more than \$100,00	0 of			
compensation from the organization. Report of								or within the organ				
(A) Name and business a	ddress							(B) Description of service	es	(C) Compens		
Total number of independent contractors (inc.)												

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all d	columns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			[
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	34,328	34,328		
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes				
11	Fees for services (nonemployees): Management				
a b	Legal	900		900	
C	Accounting	2,400		2,400	
d	Lobbying	2,400		2,100	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	100	40	60	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	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.)				
a	SUPPLIES	414	414	0.40	
b	BANK FEES	242		242	
C	MEALS	74	74		
d	All other evenesses				
е 25	All other expenses	30 450	24 956	3 (00	
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	38,458	34,856	3,602	0
_0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
		ı			

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	Cash - non-interest-bearing		1	13,868							
	2	Savings and temporary cash investments		2								
	3	Pledges and grants receivable, net		3								
	4	Accounts 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%										
	6	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		7								
ets	8	Inventories for sale or use		8								
Assets	9	Prepaid expenses and deferred charges		9								
	10a	Land, buildings, and equipment: cost or other										
		basis. Complete Part VI of Schedule D 10a										
	b	Less: accumulated depreciation 10b		10c								
	11	Investments - publicly traded securities		11								
	12	Investments - other securities. See Part IV, line 11		12								
	13	Investments - program-related. See Part IV, line 11		13								
	14	Intangible assets		14								
	15	Other assets. See Part IV, line 11		15								
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0	16	13,868							
	17	Accounts payable and accrued expenses	U	17	11,300							
	18	Grants payable		18	11,300							
	19	Deferred revenue		19								
	20			20								
	21	Tax-exempt bond liabilities	·	21								
	22	Loans and other payables to any current or former officer, director,		21								
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%										
ī				22								
Ë	22	controlled entity or family member of any of these persons		23								
	23	Secured mortgages and notes payable to unrelated third parties		24								
	24 25	Other liabilities (including federal income tax, payables to related third		24								
	25	parties, and other liabilities not included on lines 17-24). Complete Part X										
				25								
	26	of Schedule D	0	26	11 200							
	20	Organizations that follow FASB ASC 958, check here	0	20	11,300							
Ses	27	and complete lines 27, 28, 32, and 33.		27								
<u>a</u>	27	Net assets without donor restrictions		28								
Ba	28			28								
pur		Organizations that do not follow FASB ASC 958, check here										
Net Assets or Fund Balances	00	and complete lines 29 through 33.		200								
S	29	Capital stock or trust principal, or current funds		29								
ssel	30	Paid-in or capital surplus, or land, building, or equipment fund		30	0 540							
ţ	31	Retained earnings, endowment, accumulated income, or other funds		31	2,568							
Š	32	Total net assets or fund balances	0	32	2,568							
	33	Total liabilities and net assets/fund balances	0	33	13,868							

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Page **12**

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1			41,	026
2	Total expenses (must equal Part IX, column (A), line 25)	2			38,	458
3	Revenue less expenses. Subtract line 2 from line 1	3			2,	568
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 period 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			2,	568
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					. 📗
				_	Yes	No
1	Accounting method used to prepare the Form 990: X Cash	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		🚅	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	y i		2	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	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					
_	Schedule O.					
за	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?		· · -3	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			ا مد		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	• • •		3b	000 /	2040
EΑ			F-	orm	990 (2	2019)

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.

2019 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

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

Inspection

OMB No. 1545-0047

Employer identification number FOSTER ARIZONA HOUSING PROJECT 83-1098589 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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 U Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar 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 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 **Total.** Add lines 1 through 3 **5** The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2016 (c) 2017 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (e) 2019 (f) Total **7** Amounts from line 4 **8** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **9** Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 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)) % 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

instructions

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

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

Se	ction A. Public Support			•	•	,	
Cal	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.")					29,475	29,475
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished 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.					11,551	11,551
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					41,026	41,026
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						41,026
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6					41,026	41,026
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	Y					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	C		()	41,026	41,026
14	First five years. If the Form 990 is for the o						_
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Suppo					1	
	Public support percentage for 2019 (line 8, c					15	100.00 %
	Public support percentage from 2018 Sched					16	0.00 %
	ction D. Computation of Investment In				(0)		
17	Investment income percentage for 2019 (line					17	0.00 %
18	Investment income percentage from 2018 S					18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz						
	17 is not more than 33 1/3%, check this box	-	_	•			
b	33 1/3% support tests - 2018. If the organization 10 is not record than 23 1/3% should this						
00	line 18 is not more than 33 1/3%, check this	-	-	-			<u> </u>
20	Private foundation. If the organization did r	not check a box	k on line 14, 19	ia, or 196, che	CK this box and	see instruction	<u>s ▶ </u>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- **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.)

	Yes	No
1		
2		
3a		
Ju		
3b		
3с		
4a		
4b		
4c		
40		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
100		

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
•	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			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion C. Type if 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		163	NO
•	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	XI STATE OF THE ST		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
	tion E. Type III Functionally Integrated Supporting Organizations		4*	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struci	tions).
a	 The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. 			
b	The organization is supported a governmental entity. Describe in Part VI how you supported a government entity ('soo ir	etruc	tions)
2		300 111	Yes	No.
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
ű	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

ched	ule A (Form 990 or 990-EZ) 2019 FOSTER ARIZONA HOUSING PROJECT		83-109	8589	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	ani	zations		
1		rust	on Nov. 20, 1970 (expla		•
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Cu	urrent Year ptional)
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				
со	llection of gross income or for management, conservation, or				
ma	aintenance of property held for production of income (see instructions)	6			
	Other expenses (see instructions)	7			
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sec	tion B - Minimum Asset Amount		(A) Prior Year	` '	urrent Year ptional)
1	Aggregate fair market value of all non-exempt-use assets (see				
ins	structions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
fa	ctors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
se	e 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			
Sec	tion C - Distributable Amount			Curr	rent Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			

emergency temporary reduction (see instructions). 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

3

4

5

6

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter greater of line 2 or line 3.

Income tax imposed in prior year

EEA

Schedule A (Form 990 or 990-EZ) 2019 FOSTER ARIZONA HOUSING PROJECT 83-10

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

Sec	Current Year							
1	1 Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes	of supported organizati	ions					
4	Amounts paid to acquire exempt-use assets	11 5						
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which the	organization is respons	sive					
	(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							
S	section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable 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							
	instructions.							
3	Excess distributions carryover, if any, to 2019							
	From 2014							
	From 2015							
	From 2016							
	From 2017							
	From 2018							
	Total of lines 3a through e		V					
	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
_ <u>i</u>	Carryover from 2014 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from							
4	Section D, line 7:							
	Applied to underdistributions of prior years							
	Applied to 2019 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
	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.							
6								
•	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	7 Excess distributions carryover to 2020. Add lines 3j							
•	and 4c.							
8	Breakdown of line 7:							
	Excess from 2015							
	Excess from 2016							
	Excess from 2017							
	Excess from 2018							
	Excess from 2019							

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2019

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization								
FOSTER ARIZONA HOUSING PROJ						83-109	08589	
Part I Fundraising Activities	. Complete if the	he organiz	ation ans	wered "Yes" on	Form 99	0, Part IV,	line 17.	
Form 990-EZ filers are no	t required to con	nplete this p	art.					
1 Indicate whether the organization rais	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a Mail solicitations			_	f non-government gr				
				f government grants				
c Phone solicitations		g ∐ \$	Special fundr	raising events				
d In-person solicitations								
2a Did the organization have a written or	r oral agreement w	ith any indivi	dual (includin	ng officers, directors	, trustees,			
or key employees listed in Form 990,	Part VII) or entity i	n connection	with profess	sional fundraising se	ervices?	☐ Ye	s No	
b If "Yes," list the 10 highest paid individ				_		Iraiser is to be	<u> </u>	
compensated at least \$5,000 by the o	,	a.a.a.a, p.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
compensated at least \$5,000 by the t	ngariization.							
(i) Name and address of individual			draiser have	(iv) Gross receipts		ount paid to tained by)	(vi) Amount paid to	
or entity (fundraiser)	(ii) Activity		r control of	from activity		ser listed in	(or retained by)	
• • • • • • • • • • • • • • • • • • • •		contrib	utions?			ol. (i)	organization	
		Yes	No					
1								
•					477			
2								
3								
4								
7								
- <u>-</u>					*			
5								
6								
7			4					
0								
8								
9								
		V.						
10								
		1	1	+				
Total			_					
Total								
3 List all states in which the organization	n is registered or lic	ensed to soli	cit contributi	ons or has been not	tified it is ex	cempt from		
registration or licensing.								
					·			

83-1098589 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
a)			(event type)	(event type)	(total number)	coi. (c))	
Revenue	1	Gross receipts					
	2	Less: Contributions					
	3	Gross income (line 1 minus					
		line 2)					
	4	Cash prizes					
	5	Noncash prizes					
enses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Direc	8	Entertainment					
	9	Other direct expenses					
	10 11	Direct expense summary. Add lines Net income summary. Subtract line	-				
Pa	rt I					more than	
		\$15,000 on Form 990-EZ,	-		, , , , , , , , , , , , , , , , , , ,	ere uran	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
 Rev	1	Gross revenue					
m	2	Cash prizes					
pense	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
Ö	5	Other direct expenses					
			Yes %	☐ Yes %			
	6	Volunteer labor	No	No	No		
	7	Direct expense summary. Add lines	2 through 5 in column (d)				
	8	Net gaming income summary. Subt	ract line 7 from line 1, colu	mn (d)			
9		nter the state(s) in which the organizat					
a Is the organization licensed to conduct gaming activities in each of these states?							
b	lf'	'No," explain:					
	_						
10a	W	ere any of the organization's gaming I	icenses revoked, suspende	ed, or terminated during the	e tax year?	Yes No	
		'Vaa " avalain.			-		

EEA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FOSTER ARIZONA HOUSING PROJECT 83-1098589 01. Unrelated business income explanation (Part V, line 3b) BOARD MEMBERS ARE ASK TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST TO THE BOARD. 02. Form 990 governing body review (Part VI, line 11) THE TAX RETURN WILL BE PROVIDED TO ALL BOARD MEMBERS TO REVIEW AFTER IT HAS BEEN FILED NOT BEFORE. 03. Conflict of interest policy compliance (Part VI, line 12c) THE ORGANIZATION ASKS ALL MEMBERS OF THE BOARD TO INFORM THE BOARD IF THERE IS AN CONFLICT OF INTEREST. THE BOARD THEN DETERMINES WHAT STEPS SHOULD BE TAKEN. 04. CEO, executive director, top management comp (Part VI, line 15a) CEO IS NOT COMPENSATED FOR WORK 05. Other officer or key employee compensation (Part VI, line 15b THERE ARE NO EMPLOYEES FOR THIS ORGANIZATION. THEY ALL VOLUNTEER THEIR TIME 06. Governing documents, etc, available to public (Part VI, line 19) THE PUBLIC CAN GET A COPY OF THE TAX RETURN UPON REQUEST FROM THE ORGANIZATION. 07. Significant program services not listed on prior year return (Part III, line 2) ALL SERVICE HAVE BEEN LISTED ON 1023. THEY PROVIDING HOUSING AND SUPPORT FOR YOUNG ADULTS TRANSITIONING OUT OF FOSTER CARE.

Department of the Treasury

IRS e-file Signature Authorization for an Exempt Organization

	-	_	
For calendar year 2019, or fiscal year beginning			, and ending

Do not send to the IRS. Keep for your records.

▶ Go to www.irs.gov/Form8879EO for the latest information.

2019

OMB No. 1545-1878

Internal Revenue Service Name of exempt organization FOSTER ARIZONA HOUSING PROJECT

Employer identification number

83-1098589

Name and title of officer

KIMBERLY VEHON, CEO

Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below **Do not** complete more than one line in Part I.

	applicable line below. Do not complete more than one line line at the	
1a	Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	41,02
	Form 990-EZ check here ► b Total revenue, if any (Form 990-EZ, line 9)	
	Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22)	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b	
5a	Form 8868 check here ▶ □ b Balance Due (Form 8868, line 3c)	

Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

x	I authorize	Lewis	Business	Services	Inc	to enter my PIN	98589	as my signature
	_		ER	O firm name			Enter five numbers, but do not enter all zeros	- , ,

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

	As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return.
_	If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of
	the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

XXXXXX 42289 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature > Sharon A Lewis EA Date ▶ 07-21-2020

> **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

990 Overflow Statement	2019 Page 1
Name(s) as shown on return	FEIN
FOSTER ARIZONA HOUSING PROJECT	83-1098589

Description		2	Amount
RENT		\$	25,100
REPAIRS AND MAINTENANCE			5,095
PARTICIPANT SUPPORT			4,133
	Total:	\$	34,328



990EF	EF Transmission Status			2019	
	(Keep for your records)				
Name(s) as shown on return	CINC DDC TECE			EIN number	
FOSTER ARIZONA HOU	SING PROJECT			83-1098589	
The following will be trans	mitted to the IRS.	☐ 990 ☐ 8868 ☐ Amend	ded	14	
The following state returns	will be transmitted:				
				_	
			4		
The following returns have	been suppressed or are not e	eligible and will NOT be transmitted.			
	<u> </u>	<u> </u>			
			_		
EF Notes					
Federal return h	nas a MESSAGE PAGE.				