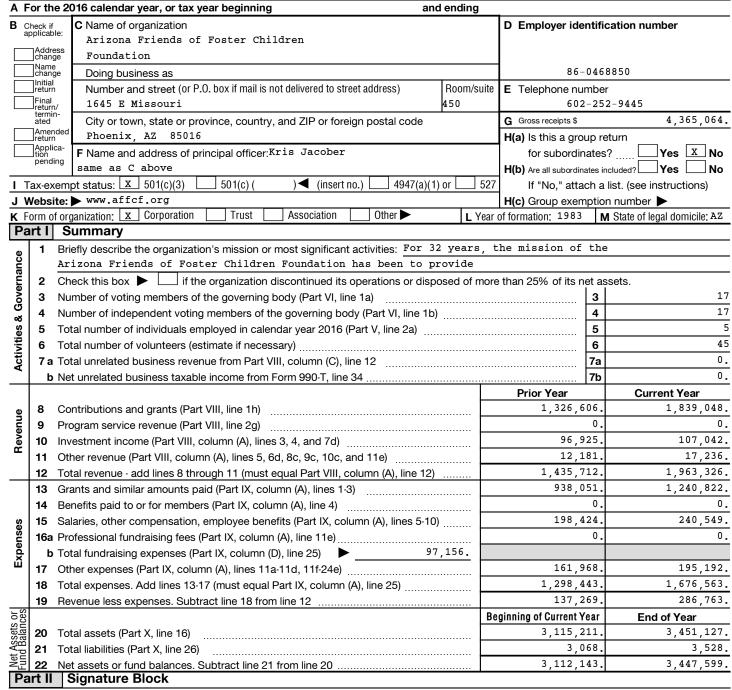
Department of the Treasury Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign V Signature of officer Date	
Here Kris Jacober, Executive Director Type or print name and title	
Print/Type preparer's name Preparer's signature Date Check PTII Paid JILL A. SHAW, CPA Preparer's signature Date Check P10161	
Preparer Firm's name HEINFELD, MEECH, & CO, P.C. Firm's EIN S6-055	065
Use Only Firm's address 3033 N. CENTRAL AVE. STE. 300	
PHOENIX, AZ 85012 Phone no.6022779449	
May the IRS discuss this return with the preparer shown above? (see instructions)	/es No

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. See Schedule O for Organization Mission Statement Continuation OMB No. 1545-0047

Open to Public

Inspection

b

	Arizona Friends of Foster Children		
	n 990 (2016) Foundation	86-0468850	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	For 32 years, the mission of the Arizona Friends of Foster Children		
	Foundation has been to provide awards for children in foster care to		
	participate in social, athletic and educational activities that		
	improve their self esteem and enhance their lives. A new program for		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	l	es 🗵 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?١	es 🗴 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 exper	ises.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers, the total expens	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,473,900. including grants of \$1,240,822.) (Rev	enue \$)
	AFFCF provides direct assistance to meet the unmet needs of children in		
	foster care in Arizona in accordance with the objectives and guidelines		
	of the organization. Children in foster care (dependent) are the sole		
	recipients of AFFCF awards, which include, but are not limited to:		
	tutoring and educational support, summer camp, extra curricular lessons		
	and classes, athletic registration, bicycles and transportation		
	assistance, educational fees, and post secondary education		
	scholarships.		
	In addition, AFFCF recently instituted an individualized career		
	exploration and employment program for youth ages 15-21 who are aging		
	out of foster care called "Keys to Success."		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4c			<u> </u>
40	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,473,900.		

	990 (2016) Foundation 86-0468850		Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		77	
•	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Δ.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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	х	
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		X
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		X
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			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17		16		<u>^</u>
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? <i>If "Yes," complete Schedule G, Part I</i>	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	<u> </u>
10	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? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		x
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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 employees? If "Yes," complete	23		x
242	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 4 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		<u> </u>
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.1		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?!f "Yes," complete	31		
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	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
35a	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	35b		
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	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

	Arizona Friends of Foster Children			
Form	990 (2016) Foundation 86-0468850		Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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 5			
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		
	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?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	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?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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 11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
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			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

	Arizona Friends of Foster Children			
Form	990 (2016) Foundation 86-0468850		Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			_
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17			
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		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	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		х
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	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	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45	v	
a h	The organization's CEO, Executive Director, or top management official	15a	X	x
b	Other officers or key employees of the organization	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
h	taxable entity during the year?	16a		A
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16h		
Sec	exempt status with respect to such arrangements?	16b		
<u>3ec</u> 17	List the states with which a copy of this Form 990 is required to be filed AZ			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ام	
10	for public inspection. Indicate how you made these available. Check all that applicable), 990, and 990-1 (Section 501(c)(3)s only) a	valiaD	10	
	Own website Another's website Image: Check an that apply.			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
19	statements available to the public during the tax year.	man	Giai	
20	Statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	The Organization - 602-252-9445			
	1645 E Missouri, No. 450, Phoenix, AZ 85016			
	· · · · · · · · · · · · · · · · · · ·			

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."

Arizona Friends of Foster Children

• 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

____ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title(B) Average hours per week (list any hours for related organizations below line)(C) Position tock more the officer and a director/ uess person is officer and a director/ uess person is uess person is<	s both an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
hours per week (list any hours for related organizations below line)box, unless person is officer and a director/ used officer and a director/ adjust to the second organizations below line)box, unless person is officer and a director/ adjust to the second organizations below line)box, unless person is officer and a director/ adjust to the second organizations below used organizations below line)box, unless person is officer and a director/ adjust to the second organizations below used to the second organizations below line)box, unless person is officer and a director/ adjust to the second organizations below used to the second organizations below used to the second organizations to the second organizations 	s both an /trustee)	from the organization	from related organizations	other compensation
Week (list any hours for related organizations below line)any hours for related organizations below line)any any 		the organization	organizations	compensation
(1)Karen Brown1.00XXVice ChairXXX(2)Carlian Dawson1.00XXSecretaryXXXX(3)Greg Lechowski1.00XXTreasurerXXXX(4)Jay Berens1.00XXDirectorXXXX(5)Meredith DeAngelis1.00XXDirectorXXXX(6)Angela Florez1.00XX(7)E'Lisa Harrison1.00XXDirectorXXXX(8)Lin LeClair Turner1.00XXDirectorXXXX(9)Caroline Lautt Owens1.00XX	Highest compensated employee Former	organization		
(1)Karen Brown1.00XXVice ChairXXX(2)Carlian Dawson1.00XXSecretaryXXXX(3)Greg Lechowski1.00XXTreasurerXXXX(4)Jay Berens1.00XXDirectorXXXX(5)Meredith DeAngelis1.00XXDirectorXXXX(6)Angela Florez1.00XX(7)E'Lisa Harrison1.00XXDirectorXXXX(8)Lin LeClair Turner1.00XXDirectorXXXX(9)Caroline Lautt Owens1.00XX	Highest compensate employee Former		(W 2) 1000 WICC)	nomino
(1)Karen Brown1.00XXVice ChairXXX(2)Carlian Dawson1.00XXSecretaryXXXX(3)Greg Lechowski1.00XXTreasurerXXXX(4)Jay Berens1.00XXDirectorXXXX(5)Meredith DeAngelis1.00XXDirectorXXXX(6)Angela Florez1.00XX(7)E'Lisa Harrison1.00XXDirectorXXXX(8)Lin LeClair Turner1.00XXDirectorXXXX(9)Caroline Lautt Owens1.00XX	Highest compe employee Former			organization
(1)Karen Brown1.00XXVice ChairXXX(2)Carlian Dawson1.00XXSecretaryXXXX(3)Greg Lechowski1.00XXTreasurerXXXX(4)Jay Berens1.00XXDirectorXXXX(5)Meredith DeAngelis1.00XXDirectorXXXX(6)Angela Florez1.00XX(7)E'Lisa Harrison1.00XXDirectorXXXX(8)Lin LeClair Turner1.00XXDirectorXXXX(9)Caroline Lautt Owens1.00XX	Highest c employee Former		1	and related
(1)Karen Brown1.00XXVice ChairXXX(2)Carlian Dawson1.00XXSecretaryXXXX(3)Greg Lechowski1.00XXTreasurerXXXX(4)Jay Berens1.00XXDirectorXXXX(5)Meredith DeAngelis1.00XXDirectorXXXX(6)Angela Florez1.00XX(7)E'Lisa Harrison1.00XXDirectorXXXX(8)Lin LeClair Turner1.00XXDirectorXXXX(9)Caroline Lautt Owens1.00XX	em For			organizations
Vice ChairXX(2) Carlian Dawson1.00SecretaryX(3) Greg Lechowski1.00TreasurerX(4) Jay Berens1.00DirectorX(5) Meredith DeAngelis1.00DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX				<u> </u>
(2) Carlian Dawson1.00SecretaryX(3) Greg Lechowski1.00TreasurerX(4) Jay Berens1.00DirectorX(5) Meredith DeAngelis1.00DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX				
SecretaryXX(3) Greg Lechowski1.00TreasurerX(4) Jay Berens1.00DirectorX(5) Meredith DeAngelis1.00DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0.	0.	0.
(3) Greg Lechowski1.00TreasurerX(4) Jay Berens1.00DirectorX(5) Meredith DeAngelis1.00DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX				
TreasurerXX(4) Jay Berens1.00DirectorX(5) Meredith DeAngelis1.00DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0.	0.	0.
(4) Jay Berens1.00DirectorX(5) Meredith DeAngelis1.00DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0	0	0
DirectorX(5) Meredith DeAngelis1.00DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0.	0.	0.
(5) Meredith DeAngelis1.00DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0	0	0
DirectorX(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0.	0.	0.
(6) Angela Florez1.00DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0.	0.	0.
DirectorX(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		· ·	υ.	0.
(7) E'Lisa Harrison1.00DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0.	0.	0.
DirectorX(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		•.	•••	
(8) Lin LeClair Turner1.00DirectorX(9) Caroline Lautt Owens1.00DirectorX		0.	Ο.	0.
Director X (9) Caroline Lautt Owens 1.00 Director X				
(9) Caroline Lautt Owens 1.00 Director X		0.	Ο.	0.
(10) Benjamin Norris 1.00		0.	Ο.	0.
Director X		٥.	Ο.	0.
(11) Bern Peterson 1.00				
Director		Ο.	Ο.	0.
(12) Rick Rentschler 1.00				
Co-Chairman X X		Ο.	Ο.	Ο.
(13) Alexis Ronstadt 1.00				
Director X		Ο.	Ο.	Ο.
(14) Edson Salas 1.00				
Co-Chairman X X		٥.	Ο.	0.
(15) Alysson Zatarga 1.00				
Director X		0.	0.	0.
(16) Laura Zeman Mullen 1.00				
Director X		0.	0.	0.
(17) Nathan Delafield 1.00				
Director X		0.	0.	•

Arizona F	riends	of	Foster	Children

_	Arizona Frie	nds of Fost	er	Chi	ldr	en				0.5 04.50	0 - 0		_	0
-	1 990 (2016) Foundation t VII Section A Officers Directors True									86-0468	850		Р	age 8
Fai	(A) Name and title	Directors, Trustees, Key Employees, and Highest Compensated Employ (B) (C) (D) (D) (D) (C) (D) (C) (D) (C) (C) (D) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(E) Reportable compensatior		(E) Reportable compensation			(F) stimate					
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS		fr org and	other pensa om th anizat d relat anizati	e ion :ed
) Kris Jacober	45.00	4											_
Exec	cutive Director		-		x				74,868.		0.			0.
1b	Sub-total								74,868.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
-	Total (add lines 1b and 1c)								74,868.		0.			0.
2	Total number of individuals (including but i compensation from the organization		lose	ISLE	eu ai	DOV	e) wi	10 10	eceived more than \$100		•			0
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on		3	Yes	No X
4	For any individual listed on line 1a, is the s and related organizations greater than \$15											4		x
5	Did any person listed on line 1a receive or											E		х
Sec	rendered to the organization? If "Yes," constitution B. Independent Contractors	npiele Schedul	eji	UI S	ucn	pers	SOL					5		А
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation 1	rom	
	the organization. Report compensation for	the calendar y	rear	endi	ing v	vith	or w	rithir		year.				
	(A) Name and business	s address	NO	NE					(B) Description of s	ervices	С) ompe		n

Total number of independent contractors (including but not limited to those listed above) who received more than 2 \$100,000 of compensation from the organization 0

Form	n 990 ((2016) Foundat	ion				86-0468850	Page 9
Pa	rt VII	I Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns	1a					
àrar oun		Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events						
		Related organizations						
		Government grants (contribut						
ron		All other contributions, gifts, gran						
but		similar amounts not included abo		1,839,048.				
l Otri	a	Noncash contributions included in lines		49,747.				
Col	-	Total. Add lines 1a-1f	-		1,839,048.			
-				Business Code	, ,			
ġ	2 a							
vic	b							
Ser	c							
Program Service Revenue	d							
Be	e							
Pro		All other program service reve	20110					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	•	other similar amounts)			66,705.			66,705.
	4	Income from investment of ta			, , , , , , , , , , , , , , , , , , , ,			
	5	Royalties		· · ·				
	0	noyanes	(i) Real	(ii) Personal				
	6 2	Gross rents		(ii) i eisonai				
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities					
	/ a	assets other than inventory	2,427,978.	(ii) Other				
	h	Less: cost or other basis	2,427,570.					
	D	and sales expenses	2,387,641.					
	-							
		Gain or (loss)			40,337.			40,337.
		Net gain or (loss) Gross income from fundraisin			40,557.			10,337.
Other Revenue	0 a							
ver		including \$ contributions reported on line						
Re		Part IV, line 18		31,333.				
her	h	Less: direct expenses		<u> </u>				
đ		Net income or (loss) from func		· · · · ·	17,236.			17,236.
		Gross income from gaming ac			17,200.			17,200.
	5 a	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
		Net income or (loss) from sale						
	U							
	11 a	Miscellaneous Revenu		Business Code				
	li a b			<u> </u>				
	c d	All other revenue						
		Total. Add lines 11a-11d						
	е 12	Total revenue. See instructions.			1,963,326.	0.	0.	124,278.
	14			🖊	-,505,520.	۰ °	<u> </u>	

	990 (2016) Foundation t IX Statement of Functional Expense	26		86-04688	50 Page 10
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	molete column (A)	
0000	Check if Schedule O contains a respons		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	1,240,822.	1,240,822.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	74,868.	14,974.	29,947.	29,947.
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 8	Other salaries and wages Pension plan accruals and contributions (include	147,977.	128,422.	4,888.	14,667.
9 10	section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes	17,704.	11,392.	2,768.	3,544.
11	Fees for services (non-employees): Management	, .	, .	, ,	,
с	Legal Accounting Lobbying	11,850.		11,850.	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	22,134.		22,134.	
g 12	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion	17,812.		9,882.	7,930.
13 14 15	Office expenses Information technology Royalties	33,041.	17,509.	8,571.	6,961.
16 17	Occupancy Travel	21,747.	13,048.	8,699.	
18 19	Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings				
20 21 22	Interest Payments to affiliates Depreciation, depletion, and amortization	1,803.	902.	901.	
23 24	Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	4,277.		4,277.	
a b c					
25	All other expenses	82,528. 1,676,563.	46,831. 1,473,900.	1,590. 105,507.	34,107. 97,156.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (2016)

Foundation

	Balance Sheet Check if Schedule O contains a response or no	te to an	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			124,871.	1	2,068
2	Savings and temporary cash investments			813,510.	2	1,206,998
3	Pledges and grants receivable, net			· · ·	3	· · ·
4	Accounts receivable, net				4	
5	Loans and other receivables from current and f					
	trustees, key employees, and highest compens					
	Part II of Schedule L		•		5	
6	Loans and other receivables from other disqual				Ŭ	
ľ	-	-				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary					
.			e			
7	employees' beneficiary organizations (see instr)		6 7			
	Notes and loans receivable, net					0 22
8	Inventories for sale or use				8	8,32
9	· · · · · · · · · · · · · · · · · · ·		·····		9	
10a	Land, buildings, and equipment: cost or other		10.070			
	basis. Complete Part VI of Schedule D		18,070.	0.000		1.00
b	Less: accumulated depreciation	-	17,035.	2,838.	10c	1,03
11	Investments - publicly traded securities			2,172,792.	11	2,231,50
12	Investments - other securities. See Part IV, line				12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets			1,200.	14	1,20
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equ	ual line 34	4)	3,115,211.	16	3,451,12
17	Accounts payable and accrued expenses			3,068.	17	3,52
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete				21	
22	Loans and other payables to current and forme					
22	key employees, highest compensated employe					
	Complete Part II of Schedule L				22	
i 23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on line					
	Schedule D	-			25	
26				3,068.	26	3,52
	Organizations that follow SFAS 117 (ASC 95			· ·		· · ·
,	complete lines 27 through 29, and lines 33 a					
27	Unrestricted net assets			1,586,884.	27	1,735,02
28	Temporarily restricted net assets			347,759.	28	465,07
29	B H H H H H H H H H H			1,177,500.	29	1,247,50
27 28 29 30 31 32	Organizations that do not follow SFAS 117 (A		. check here ►			_,,
;	and complete lines 30 through 34.					
20					30	
30	Capital stock or trust principal, or current funds					
31	Paid-in or capital surplus, or land, building, or e				31	
32	Retained earnings, endowment, accumulated in		E	2 110 140	32	2 447 50
33	Total net assets or fund balances			3,112,143.	33	3,447,59
34	Total liabilities and net assets/fund balances .			3,115,211.	34	3,451,12 Form 990 (20)

Form **990** (2016)

	Arizona Friends of Foster Children				
Form	990 (2016) Foundation	86-0468850)	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	,963	,326.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,676	,563.
3	Revenue less expenses. Subtract line 2 from line 1	3		286	,763.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	,112	,143.
5	Net unrealized gains (losses) on investments	5		48	,693.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	8 Prior period adjustments 8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			Ο.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3	,447	,599.
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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	b Were the organization's financial statements audited by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2016)

S	HED	DULE A								OMB No. 1545-0047
(Fo	orm 99	0 or 990-EZ)			rity Status an					2016
			C	omplete if the orgar 40		2010				
Depa	rtment o	of the Treasury			47(a)(1) nonexempt cha Attach to Form 990 or F					Open to Public
Interr	nal Rever	nue Service	Informat	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at ^M	ww.irs.gov/fo	rm990.	Inspection
Nar	ne of t	the organizati	on Arizor	na Friends of Fo	ster Children				Employer	identification number
			Founda							5-0468850
Pa	art I	Reason	for Public	Charity Status (All organizations must co	omplete th	is part.) S	ee instruction	S.	
The	organ	ization is not a	n private found	dation because it is: ((For lines 1 through 12, c	heck only	one box.)			
1		A church, co	nvention of ch	nurches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2		A school des	cribed in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or	a cooperative	hospital service org	anization described in s e	ection 170	(b)(1)(A)(i	ii).		
4		A medical res	earch organiz	zation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat	e:							
5		An organizati	on operated f	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	bed in
		section 170	(b)(1)(A)(iv). ((Complete Part II.)						
6		A federal, sta	te, or local go	vernment or governr	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organizati	on that norma	ally receives a substa	antial part of its support f	rom a gov	ernmenta	l unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8		A community	trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research or	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college
		or university	or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, cit	y, and state o	f the colleg	e or
		university:								
10					e than 33 1/3% of its sup					
		activities rela	ted to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	in 33 1/3% of	its support	t from gross investment
		income and u	inrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	sses acqu	uired by the o	ganization	after June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclus	ively to test for public sa	ifety. See	section 5	09(a)(4).		
12		-	-	-	ively for the benefit of, to	-			•	
				-	ed in section 509(a)(1) o					Check the box in
	_	7	-		of supporting organizatio		-		-	
a					supervised, or controlled	•	-			
			-		gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
	_	٦ ⁻		complete Part IV, Se						
k					d or controlled in connec			0		•
			•		anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		¬ ۲	.,	st complete Part IV,						l ¹ .l
c			-	• •	g organization operated				lly integrate	ed with,
		- ··	•	.,	s). You must complete I			-		
c					porting organization oper				•	
			•	•	zation generally must sat			•	u an alleni	iveness
		- ·	·	,	mplete Part IV, Sections written determination fro					
e								а турет, туре	n, rype n	
1	Ente	-	-		onally integrated support		zation.			
ç				n about the supporte	ad organization(s)					
		i) Name of supp	<u> </u>	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	monetary	(vi) Amount of other
		organization	1		(described on lines 1-10	in your governi Yes	No	support (see in	nstructions)	support (see instructions)
					above (see instructions))					
						L				
Tot	al									

Arizona F	riends	of	Foster	Children

Schedule A (Form 990 or 990-EZ) 2016 Foundation

86-0468850

Page **2**

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	575,275.	823,682.	1,108,421.	1,326,606.	1,839,048.	5,673,032.
2	Tax revenues levied for the organ-						
	ization'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 \dots						
4	Total. Add lines 1 through 3	575,275.	823,682.	1,108,421.	1,326,606.	1,839,048.	5,673,032.
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)						
6	Public support. Subtract line 5 from line 4.						5,673,032.
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	575,275.	823,682.	1,108,421.	1,326,606.	1,839,048.	5,673,032.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	99,906.	124,454.	135,984.	96,925.	107,042.	564,311.
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.)	8,184.	9,460.	14,773.	12,181.	17,236.	61,834.
11	Total support. Add lines 7 through 10						6,299,177.
	Gross receipts from related activities,	, etc. (see instructio	ons)	•		12	
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor	bhere					
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2016 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	90.06 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	88.76 %
	1 33 1/3% support test - 2016. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	•	
k	0 10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization		-				s 🕨 🗌

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Foundation

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the ergenzation tax proceeds to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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.)						
-	the examination!	l first second this	 d fourth or fifth t			
14 First five years. If the Form 990 is for	U U					
check this box and stop here						
-			(f)		45	0/
15 Public support percentage for 2016 (lin					15	%
16 Public support percentage from 2015	-				16	%
Section D. Computation of Inves					1	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2016. If the o						ine 17 is not
more than 33 1/3%, check this box an b 33 1/3% support tests - 2015. If the o						►
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						
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Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 Foundation

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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Yes

No

Spheduck A firms 950 or 900 EX 2010 Foundations Section 2010 Foundations Section 2010 Foundations Section 2010 Foundations Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the operando control of a supported organization? 11a Indirectly 2 A 33% control density and in (a) above? 11a Indirectly Indirectly 3 Control density of a person described in (b) or (b) above? If "Yes" to a, b, or c, provide detail in Pert V. Indirectly		Arizona Friends of Foster Children			
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Section 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 yea(see instructions). a The organization satisfied the Activities Test. Complete line 2 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization and explain how these activities directly furthered their exempt purposes, how the organization sand explain how these activities directly furthered their exempt purposes, how the organization is and explain how these activities involvement, one or more of the organization's position that its 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. 2b 3a 3a 3a b 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			3		
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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 Image: Comparison of the support of the sup	3	Parent of Supported Organizations. Answer (a) and (b) below.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	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		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	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		

ally Integrated 509(a)(3) Supportin satisfied the Integral Part Test as a qualifyir integrated supporting organizations must co s s s) or incurred for production or hagement, conservation, or bduction of income (see instructions) s 5, 6, and 7 from line 4) n-exempt-use assets (see ets held for part of year): pt-use assets	1 2 3 4 5 6 7 8 11 12 13 14	Nov. 20, 1970 (explain in	Part VI.) See instructions. (B) Current Year (optional)
integrated supporting organizations must conservation or incurred for production or inagement, conservation, or or oduction of income (see instructions)	1 2 3 4 5 6 7 8 11 10	ctions A through E. (A) Prior Year	(B) Current Year (optional)
s s) pr incurred for production or nagement, conservation, or pduction of income (see instructions) s 5, 6, and 7 from line 4) n-exempt-use assets (see ets held for part of year):	1 2 3 4 5 6 7 8 8 8 1 1 1 1 b	(A) Prior Year	(optional)
s) or incurred for production or nagement, conservation, or oduction of income (see instructions) s 5, 6, and 7 from line 4) n-exempt-use assets (see ets held for part of year):	2 3 4 5 6 7 8 8 7 8 1 1 1 1 b		(optional)
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or incurred for production or nagement, conservation, or oduction of income (see instructions) s 5, 6, and 7 from line 4) n-exempt-use assets (see ets held for part of year):	4 5 6 7 8 8 1a 1b	(A) Prior Year	
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oduction of income (see instructions) s 5, 6, and 7 from line 4) n-exempt-use assets (see ets held for part of year):	7 8 1a 1b	(A) Prior Year	
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n-exempt-use assets (see ets held for part of year):	8 1a 1b	(A) Prior Year	
n-exempt-use assets (see ets held for part of year):	1a 1b	(A) Prior Year	
ets held for part of year):	1b	(A) Prior Year	
ets held for part of year):	1b		
	1b		
pt-use assets	1b		
pt-use assets			
pt-use assets			
	1c		
	1d		
her			
to non-exempt-use assets	2		
	3		
Enter 1-1/2% of line 3 (for greater amount,			
	4		
(subtract line 4 from line 3)	5		
	6		
6	7		
' to line 6)	8		
Section C - Distributable Amount			Current Year
rom Section A, line 8, Column A)	1		
	2		
r (from Section B, line 8, Column A)	3		
	4		
	5		
e 5 from line 4, unless subject to			
r	r (from Section A, line 8, Column A) r (from Section B, line 8, Column A)	6 5 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 <td< td=""><td>6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 9 1 2 1 2 1 2 1 2 1 2 4 5</td></td<>	6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 9 1 2 1 2 1 2 1 2 1 2 4 5

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 Foundation

ect	ion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)	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	ne organization is responsive)				
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
0	Line 8 amount divided by Line 9 amount						
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
а							
b							
с	From 2013						
d	From 2014						
е	From 2015						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
	and 4c						
8	Breakdown of line 7:						
а							
	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

86-0468850

Page 7

Schedule A (Form 990 or 990 EZ) 2016 Foundation	86-0468850	Page 8
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, line	s 1 and 2; Part IV, Sectio	on 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; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addi	t V, Section B, line 1e; P tional information	art V,
(See instructions.)	lional mormation.	
Schedule A, Part II, Line 10, Explanation for Other Income:		
Fundraising Revenue		
2012 Amount: \$ 8,184.		
2012 Amounts & 0.460		
2013 Amount: \$ 9,460.		
2014 Amount: \$ 14,773.		
2015 Amount: \$ 12,181.		
2016 Amount: \$ 17,236.		
· · · · · ·		

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

90, 990-EZ, PF)

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

Name of the	organization
-------------	--------------

Arizona	Friends	of	Foster	Children
Doundati	!			

86-0468850	

	Foundation
Organization ty	ype (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$______

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

	ganization Friends of Foster Children		Employer identification number
Foundat	ion		86-0468850
Part I	Contributors (See instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
1	VNSA 2336 E Mulberry	(¢ 125	Person X Payroll 187. Noncash
	Phoenix, AZ 85016	\$125,	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
2	The Kemper and Ethel Marley Foundation PO Box 10392		Person X Payroll Other Noncash
	Phoenix, AZ 85064		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3	Nina Mason Pulliam Charitable Trust 2201 E Camelback Road, Ste 400 PHOENIX, AZ 85016	\$120,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) s Type of contribution
4	Subaru Subaru Plaza, PO Box 6000 Cherry Hill, NJ 08034-6000	\$49,	500. Person X 500. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)

Name, address, and ZIP + 4

Person Payroll Noncash

(Complete Part II for noncash contributions.)

Type of contribution

Total contributions

\$

Page **2**

No.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

me of org	3 (Form 990, 990-EZ, or 990-PF) (2016) anization	E	P mployer identification number
	Friends of Foster Children		
undati	on		86-0468850
Part II	Noncash Property (See instructions). Use duplicate copies of R	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

ation ends of Foster Children		Employer identification number				
ends of Foster Children		I I I I I I I I I I I I I I I I I I I				
the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious,	olumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or	86-0468850 in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info. once.) \$				
Use duplicate copies of Part III if additiona	l space is needed.					
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gif					
Transferee's name, address, and	a zip + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(e) Transfer of gift						
Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gif	t				
Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
(e) Transfer of gift						
Transferee's name, address, and	d ZIP + 4	Relationship of transferor to transferee				
t	he year from any one contributor. Complete completing Part III, enter the total of exclusively religious, Jse duplicate copies of Part III if additiona (b) Purpose of gift	he year from any one contributor. Complete columns (a) through (e) and the follo ompleting Part III, enter the total of exclusively religious, chartable, etc., contributions of \$1,000 or Jsed duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (c) Use of gift (b) Purpose of gift (c) Use of gift				

SCHEDULE [)
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(Form 990)

632051 08-29-16

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 6 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Arizona Friends of Foster Children Foundation

Employer identification number 86-0468850

Pa	rt I Organizations Maintaining Donor Advised Funds or O	ther Similar Funds or	Accounts.Complete if the			
	organization answered "Yes" on Form 990, Part IV, line 6.		·			
		advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing that the as	sets held in donor advised f	unds			
	are the organization's property, subject to the organization's exclusive legal co	ontrol?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisors in writing	that grant funds can be use	d only			
	for charitable purposes and not for the benefit of the donor or donor advisor, o	or for any other purpose con	ferring			
	impermissible private benefit?					
Pai	rt II Conservation Easements. Complete if the organization answer	ed "Yes" on Form 990, Part	IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check all that	apply).				
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historica	ally important land area			
	Protection of natural habitat	Preservation of a certified	historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a	conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
с	Number of conservation easements on a certified historic structure included in	n (a)	2c			
d	Number of conservation easements included in (c) acquired after 8/17/06, and	I not on a historic structure				
	listed in the National Register		2d			
3						
	year ►					
4	Number of states where property subject to conservation easement is located					
5						
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violat	ions, and enforcing conserv	ation easements during the year			
_	▶					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	and enforcing conservation	easements during the year			
-	▶\$					
8	Does each conservation easement reported on line 2(d) above satisfy the requ					
•	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation easements in					
	include, if applicable, the text of the footnote to the organization's financial sta	itements that describes the	organization's accounting for			
Pa	conservation easements. rt III Organizations Maintaining Collections of Art, Historic	al Treasures, or Othe	er Similar Assets			
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re		and balance sheet works of art			
ia						
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.					
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to report	in its revenue statement and	d balance sheet works of art historical			
	treasures, or other similar assets held for public exhibition, education, or resea					
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X		· · ·			
2	If the organization received or held works of art, historical treasures, or other s					
-	the following amounts required to be reported under SFAS 116 (ASC 958) rela	•				
а	Revenue included on Form 990, Part VIII, line 1	•	▶ \$			
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2016			

Sche	dule D (Form 990) 2016 Foundation					86-0	04688	50	Page	2
	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or (Other	Similar A	Asset	S (contir		
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that ar	re a sign	ificant use	of its c	ollectio	n items	
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs	5					
b	Scholarly research	e	Other							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organization's	s exemp	ot purpose i	in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other s	imilar as	ssets				
	to be sold to raise funds rather than to be m							Yes		lo
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	s" on Fo	orm 990, Pa	art IV, li	ne 9, or		
	reported an amount on Form 990, Pa									
1 a	Is the organization an agent, trustee, custod									_
	on Form 990, Part X?						📖	Yes		lo
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amount	t	
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance Did the organization include an amount on F					1 f		Yes		lo
	If "Yes," explain the arrangement in Part XIII.		•			۲	🖵	res		0
	t V Endowment Funds. Complete i									_
		(a) Current year	(b) Prior year	(c) Two years ba			hack	(a) Four	years bac	k
19	Beginning of year balance	2,102,903.	2,181,539.	2,144,7	` /	2,046,			,938,29	
	Contributions	70,000.	35,000.	20,0			000.		70,00	
	Net investment earnings, gains, and losses	138,890.	3,682.	128,8		202,			145,30	
	Grants or scholarships	93,354.	95,081.	89,6		,	173.		87,24	
	Other expenditures for facilities	, -	/ -	,		,	-		,	
-	and programs									
f	Administrative expenses	22,135.	22,237.	22,4	42.	21,	588.		20,02	1.
	End of year balance	2,196,304.	2,102,903.			2,144,		2	,046,34	1.
2	Provide the estimated percentage of the cur	rent year end balanc							<u> </u>	
а	Board designated or quasi-endowment	27.70	%							
b	Permanent endowment 56.80	%								
с	Temporarily restricted endowment	15.50 %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered	l for the	organizatio	n			
	by:								Yes N	ο
	(i) unrelated organizations							3a(i)	X	
	(ii) related organizations							3a(ii)	X	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Schedule R?					3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, Pa	art X, lin	e 10.	_			
	Description of property	(a) Cost or o	• • •		• •	umulated		(d) Bool	k value	
		basis (investr	nent) basis	(other)	depre	ciation				
	Land									
	Buildings									
	Leasehold improvements						_			_
	Equipment			18,070.		17,035	•		1,03	5.
	Other								4	_
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.)		<u></u>			1,03	5.

Schedule D (Form 990) 2016

Foundation

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Pook voluo	(a) Mothed of valuation: Cost or and of year market value

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Arizona	Friends	of	Foster	Children

~ .	dule D (Form 990) 2016 Foundation			86-0468850	Б 1
	Houle D (Form 990) 2016 Foundation T XI Reconciliation of Revenue per Audited Financial State	monte With E			Page 4
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		levende per h	etum.	
1	Total revenue, gains, and other support per audited financial statements			1	2,026,116.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	48,693.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		14,097.		
е	Add lines 2a through 2d			2e	62,790.
3	Subtract line 2e from line 1			3	1,963,326.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,963,326.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	1,690,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d	14,097.		
е	Add lines 2a through 2d			2e	14,097.
3	Subtract line 2e from line 1			3	1,676,563.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,676,563.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

Fund college scholarships, provide grants to foster children, and pay for

other operating expenses.

Part XI, Line 2d - Other Adjustments:

Fundraising expenses (netted with fundraising revenues on

return)

14,097.

Part XII, Line 2d - Other Adjustments:

Fundraising expenses (netted with fundraising revenues on

return)

14,097.

Page 5	

 Schedule D (Form 990) 2016
 Foundation

 Part XIII
 Supplemental Information (continued)

632055 08-29-16	Schedule D (Form

(Form 990 or 990-EZ) Comple	ete if the or	ntal Information Regarding organization answered "Yes" or ganization entered more than \$ Attach to Form 99	- Form 15,000 0 or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the	OMB No. 1545-0047 2016 Open to Public Inspection
		<mark>pout Schedule G (Form 990 or 990–EZ</mark> ends of Foster Children	.) and its	s instri	ictions is at www.irs.	<i>J</i> 0 <i>V</i> /10		dentification number
	ation						86-04688	
Part I Fundraising Acti	vities.	Complete if the organization answ	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990	-EZ filers are not
required to complete	this part.							
 a Mail solicitations b Internet and email solic c Phone solicitations d In-person solicitations 2 a Did the organization have a vice we provide the solicitation form 	citations written or 1 990, Pa aid indivi	f Solicita g Specia r oral agreement with any individua art VII) or entity in connection with iduals or entities (fundraisers) purs	ation of ation of I fundra I (inclue profess	non-g gover aising ding o sional 1	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Y	i es No o be
(i) Name and address of individ or entity (fundraiser)	dual	(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (Amount paid or retained b fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
Totol			1	└				
		n is registered or licensed to solicit		. 🗩	I s or has been notifie	l d it is	exempt from	n registration

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 Foundation 86-0468850 Page 2 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 Slider Throwdown None (add col. (a) through 2016 col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 31,333. 31,333 2 Less: Contributions **3** Gross income (line 1 minus line 2) 31,333 31,333. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 3,092. 3,092. 7 Food and beverages 3,500. 3,500. 8 Entertainment 9 Other direct expenses 7,505. 7,505. 14,097. 10 Direct expense summary. Add lines 4 through 9 in column (d) ► 17,236. **11** Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % 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. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

Sch	edule G (Form 990 or 990-EZ) 2016 Foundation 86-0	468850		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			/0
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
	, , , , , , , , , , , , , , , , , , , ,			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II	, lines 9	, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions			
_				

		Arizona Friends of Foster Children		
Schedule (G (Form 990 or 990-EZ)	Foundation	86-0468850	Page 4
Part IV	Supplemental Info	rmation (continued)		

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service		GO Comple	rants and Oth vernments, ar ete if the organizatio	nd Individua on answered "Yes" Attach to For	ls in the Ŭn i '' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		ł	OMB No. 11 20 Open to	16 Public
			on about Schedule I	(Form 990) and it	s instructions is a	t www.irs.gov/form99	00.		Inspec	
Name of the organizat	on Arizona Friend Foundation	ls of Foster C	hildren					Employer i	dentificatic 86-04688	
Part I General Ir	formation on Grants a	nd Assistance								
1 Does the organiz	ation maintain records	to substantiate the	amount of the grants	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the sele	ction		
•	ward the grants or assis		•		•			-	X Yes	No
	IV the organization's pro									
Part II Grants an	d Other Assistance to	Domestic Organi	zations and Domesti	c Governments.	Complete if the org	anization answered "	Yes" on Form 990, Pa	rt IV, line 21,	for any	
recipient t	nat received more than	\$5,000. Part II can	be duplicated if addit	tional space is nee	ded.				-	
	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of g r assistance	
3 Enter total numb	er of section 501(c)(3) a er of other organization Reduction Act Notice	s listed in the line	i table	he line 1 table				Schedu		990) (2016)

Foundation

Schedule I (Form 990) (2016)

86-0468850

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Education related	531	92,026.	22,750.	Averages	Laptops
Extracurricular - lessons	1407	253,417.	0.		
Extracurricular - sports	871	113,532.	0.		
Theme Park Admission	656	83,242.	0.		
Bikes, Scooters, Skateboards	533	62,422.	0.		

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

The Organization has an awards committee made up of Board members that

routinely monitors the use of awards funds.

Arizona Friends o Schedule I (Form 990) Foundation					86-0468850 Page 2
Part III Continuation of Grants and Other Assistance to	Individuals in the Unite	ed States (Schedul	e I (Form 990), Part III	.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Rent- Set-Up, subsidy, expenses	68.	22,851.	19,525.		Gift cards
Camp	772.	226,317.	0.		
					Schedule I (Form 990)

(Form 1990 or 990-EZ) (Pomplefel if the organization answered "Yes" on Form 990-EZ, Part V, line 28a, c25b, 27, 28a, 27b, 27b, 27b, 27b, 27b, 27b, 27b, 27b	SCHEDULE L		Fransactio					-					/IB No.	1545-0	047
Understand of the instructions of the organization Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form890. Upper training for the organization answered. "New or form 990 or 990-EZ) and its instructions is at www.irs.gov/form890. Upper training for the organization number schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form890. Employer identification number schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form890. Employer identification number schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form890. Employer identification number schedule L (Form 990 or 25b, or Form 990-EZ, Part V, line 40b. Imployer identification number schedule L (Form 990 or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? 1 (a) Name of disqualified person (b) Relationship between disqualified persons during the year under section 4958 \$ \$ 2 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization reported an amount on Form 1990, Part X, line 5, 6, or 22. \$ \$ \$ (a) Name of interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 88a or Form 990, Part N, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (e) Original principal amount for Balance due of an interested person with organization or form 1990, Part X, line 5, 6, or 22. (f) Balance due of an interested person or form 990, Part V, line 26; or if the organization or form 1990, Part X, line 27. (h) Approved (h) Written disqualified persons duri	(Form 990 or 990-EZ)	Complete if t	28b, or 28c,	or For	m 990-	EZ, Part	V, line 38a	a or		26, 27,	, 28a,		20	16	j
Name of the organization Arizona Priends of Poster Children Foundation Employer identification number 85-0458950 Part II Excess Benefit Transactions (section 501(c)[3), secton 501(c)[20) organizations only). (d) Corrector? 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrector? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 > > 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization reported an amount on Form 1900. Part X, line 5, 6, or 22. (e) Orginal principal amount (b) Relationship between disqualified persons during the year under section 4958 > (a) Name of interested person (b) Relationship between disqualified persons during the year under section 4958 > (a) Name of interested person (b) Relationship (c) Purpose of lotan (c) Orginal principal amount (f) Balance due (c) function principal amount (f) Balance due (c) function principal amount (f) Balance due (c) function principal amount (f) Relationship (c) Purpose of assistance Total		► Information							at www.irs.gov/fe	orm99	0.				olic
Excess Benefit Transactions (section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25 or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified persons and organization (c) Description of transaction (d) Corrected? 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$	Name of the organization	Arizona Fr	iends of Foster	Chil	ldren					Em	oloyeı	r ident	ificati	on nu	umber
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No Yes No Yes No 2 Enter the amount of tax, incurred by the organization managers or disqualified persons during the year under section 4956 S S 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (e) Original interested Persons. (f) Balance due (g) In organization (h) PApproved (h) Written organization Interested person (b) Relationship (c) Purpose (f) Original or form (f) Balance due (g) In (h) Pupproved (h) Written organization To Form Yes No	Dart I Excose B		potions (a satisfier (01(-)(2)		(4) and 50) 1 (-)				850			
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interested person and the organizationassistanceassistanceassistanceKris JacoberExecutive Direct243.General AwardSwimming less	Complete if	the organization	answered "Yes" on	Form	990, Pa	art IV, line	27.								
	(a) Name of interes	ted person	interested per	son ar								•			of
Family member of Kris Family member of 723. General Award Swimming less	Kris Jacober		Executive Dire	ct			2	43.	General Awar	d	S	wimmi	ng le	ess	
Image: Sector of the sector	Family member of Kr	is	Family member	of			7	23.	General Awar	d	S	wimmi	ng le	ess	
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Schedule L (Form 990 or 990-EZ) 2016

Schedule I (Form 990 or 990-F7) 2016 Foundation

SCHEQUIE L (FOHH 990 OF 990-EZ) 2010 10 and	401011		00 0400050		raye z	
	volving Interested Persons.					
	rered "Yes" on Form 990, Part IV, line 28a, 28				aring of	
(a) Name of interested person	(b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sharing of organization's		
	person and the organization	transaction	transaction	rever		
				Yes	No	
Part V Supplemental Information						
	• responses to questions on Schedule L (see i	nstructions)				
		notraotionoj.				
ch L, Part III, Grants or Assistan	ce Benefitting Interested Persons	:				
· · ·						
a) Name of Person: Kris Jacober						
b) Relationship Between Interested	Person and Organization:					
xecutive Director						
c) Amount of Grant \$ 243.						
d) Type of Assistance: General Awa	rd					
(d) Type of Assistance: General Awa	14					
e) Purpose of Assistance: Swimming	lessons for foster child					
a) Name of Person: Family member o	f Kris Jacober					
b) Relationship Between Interested	Person and Organization:					
Family member of Executive Director						
(c) Amount of Grant \$ 723.						
(d) mume of Aggigtorge, Corporal Aug	rd					
(d) Type of Assistance: General Awa	Iu					
(e) Purpose of Assistance: Swimming	lessons for foster child					
e, response of montheader, parimiting	Children to the children					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2016

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open To Public Inspection

Name of the or	ganizatior
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Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

e	of	the	organiz	zation	Arizo

na Friends of Foster Children

Employer identification nu	ımber
86-0468850	

Foundation Part I **Types of Property**

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termin	ing	
		applicable		amounts reported on	noncash contribu	tion ar	nount	S
1	Art - Works of art		items contributed	Form 990, Part VIII, line 1g				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	1	7 472.	Stock market			
10	Securities - Closely held stock			.,•				
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
15	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Laptops)	x	65	22 750.	Averages			
26	Other (Gift Cards)	X	745	19,525.	<u> </u>			
27	Other ► ()			,				
28	Other ()							
29	Number of Forms 8283 received by the organi	ration during	n the tax year for c	ontributions				
	for which the organization completed Form 82							
		00,1 0111,1					Yes	No
30a	During the year, did the organization receive b	v contributio	on any property re	oorted in Part I, lines 1 throu	oh 28. that it			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period					30a		х
b	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •				000		
31	Does the organization have a gift acceptance	policy that re	eauires the review	of any nonstandard contribu	itions?	31		х
	Does the organization hire or use third parties							
JEU	contributions?		-			32a		х
h	If "Yes," describe in Part II.					JEU		
33		olumn (o) fo	r a turna of proport		مادمط			
	If the organization didn't report an amount in c			v tor which column (a) is che	CKed.			

	Allzona Filends of Foster Children		
Schedule N	1 (Form 990) (2016) Foundation	86-0468850	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or this part for any additional information.	and 00 and what has the average	almati an
Schedule	M, Part I, Column (b):		
Amount of	n Part I, column B represents the number of items received.		

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	-EZ	OMB No. 1545-0047
Department of the Treasury	Attach to Form 990 or 990-EZ.	form000	Open to Public
Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/h Arizona Friends of Foster Children		Inspection
Name of the organization	Foundation	86-046	identification number
	Foundacion	00-040	8850
Form 990, Part I, L	ine 1, Description of Organization Mission:		
awards for children	in foster care to participate in social, athletic		
and educational act	ivities that improve their self esteem and enhance		
their lives. A new	program for AFFCF is Keys to Success, serving youth		
ages 15-21 with ind	ividualized career development and employment		
services.			
Form 990, Part III,	Line 1, Description of Organization Mission:		
AFFCF is Keys to Su	ccess, serving youth ages 15-21 with individualized		
career development	and employment services.		
Form 990, Part VI,	Section A, line 8b:		
There are no commit	tees with authority to act on behalf of the Governing		
Board.			
Form 990, Part VI,	Section B, line 11b:		
The Form 990 will b	e reviewed at a Board Meeting prior to submission of the		
Form. The Board Mee	ting date to review the form will be determined based on		
the Organization's	receipt of the completed form from its accountant.		
Form 990, Part VI,	Section B, Line 12c:		
The Executive Direc	tor would alert the Board Chairman of any potential		
conflicts. Addition	ally, the Organization requires an annual conflict of		
interest disclosure	form to be completed.		
Form 990, Part VI,	Section B, Line 15a:		

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Name of the organization Arizona Friends of Foster Children	Employer identification number
Foundation	86-0468850
A salary survey is used to determine the compensation of the Organization's	
top management official. In addition, the compensation of the top	
management official is approved by the Board. Board members also approve	
annual staff raises.	
Form 990, Part VI, Section C, Line 19:	
The Organization makes its governing documents, conflict of interest	
policy, and financial statements available to the public by written	
request.	