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## Form: 990

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (except black lung benefit trust or private foundation)

2009

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED IN 15 WI

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A	For th	ne 2009 ca	alendar	year, or tax year beginning , 2009, and ending			, 20	
В	Check if a	applicable	Please	C Name of organization Yuma's Education Scholarship Fund for Kid	ls, Inc.	D Employ	yer identification nu	ımber
_		change	use IRS label or	Doing Business As		47	0896753	}
	Name cl		print or	Number and street (or P O box if mail is not delivered to street address) Room/suite	·	E Telepho	one number	
	Initial ref		type. See	4027 S Navel Avenue		(928)	314-0033	3
_		]	Specific Instruc-	City or town, state or country, and ZIP + 4		,		
_	Termina		tions.	Yuma, AZ 85365		G Gross re	cents \$ 606	5,981
		ed return	F Nan	e and address of principal officer Angela Hunt				_
ب	Application	on pending		as above			for affiliates? Yes	₩ No
1	Tay-ay	empt status		01(c) ( 3 ) ◀ (insert no )	1		included? Yes	∐ No
÷		<del></del>			i		list (see instruction	S)
<del>J</del> K				esfund.org  ration ☐ Trust ☐ Association ☐ Other ►		exemption nur		
				ration ☐ Trust ☐ Association ☐ Other ► ☐ L. Year of formation	2003	M State of	f legal domicile. AZ	
ľ	art I	Summ		T-:		A -!	Drivete Cabe al	<del></del>
	1	Briefly de	escribe	the organization's mission or most significant activities: To impl	ment the	Arizona	Private School	
ø	-			dit. We are dedicated to increasing the opportunity for school	choice t	o familie	s by using tax	
and	-	dollars t	o fund	tuition.				
Ē								
Š	2	Check this	box ►	f the organization discontinued its operations or disposed of more than 25% of	its net ass			
Activities & Governance	3 1	Number (	of votin	g members of the governing body (Part VI, line 1a)		. 3		6
es	4 1	Number (	of inde	pendent voting members of the governing body (Part VI, line 1b)		. 4		0
ξ	5	Total nur	nber of	employees (Part V, line 2a)		. 5		0
Ac	6	Total nur	nber of	volunteers (estimate if necessary)		6		0
	7a	Total gro	ss unre	lated business revenue from Part VIII, column (C), line 12		. 7a		0
	b	Net unrel	lated b	usiness taxable income from Form 990 T, line 34		. 7b		0
				_RECEIVED	Prior Ye	ear	Current Year	· 
	8	Contribut	tions ai	nd grants (Part VIII, line 1h		487,390	606	6,758
Revenue	9 1			revenue (Per VIII line You		0		0
θVe	10			me (Part VIII, column (A), Ines 3, 4, and 7d) 2010		131		223
Œ	111			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
				dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		487,521	606	5,981
	13	Grants a	nd sımı	lar amounts paid (Part IX, column (A), lines 1-9)		435,839	514	4,526
	14			or for members (Part IX, column (A), line 4)		0	0	
Expenses	15	Salanes,	•	0		0		
ě	16a			draising fees (Part IX, column (A), line 11e)		0		0
X	Ъ.			expenses (Part IX, column (D), line 25) ▶				
	4		-	(Part IX, column (A), lines 11a-11d, 11f-24f)		9,839	13	3,665
			-	Add lines 13-17 (must equal Part IX, column (A), line 25)		445,678	528	3,191
	19			penses. Subtract line 18 from line 12		41,843	78	3,790
seets or	5			Ber	nning of C	urrent Year	End of Year	
Sette	20	Total ass	ets (Pa	rt X, line 16)		210,315	342	2,391
2°	<b>3</b> 1		•	Part X, line 26)		205,827	333	3,148
Ž				nd balances. Subtract line 21 from line 20		4,488	9	3,24 <u>3</u>
P	art II			Blocky //				
		Under pe	malities of	perlur, I declare that have examined his return, including accompanying schedule e. correct, and complete beclaration of preparer (other than officer) is based on all	s and states	nents, and t	to the best of my kno	wledge
		and being	1, u is go	e portect, and somplete beclaration of preparer (other than onicer) is based on all	inionnation	/ William pr		_
Si	gn		4/	(1tce /	<u> </u>	1an	15,201	<u></u>
He	ere	Sign	ature of	fficer / / / / / /	), Dat	, O		
		<b>I</b>	1-1	ngela Hunt Executive +	می ہے۔ . رس 	ter		
_		Туре	or print	national and title		1		
		Preparer'		Date Check self-	c if	Preparer's i	dentifying number	
Pai	d	signature	• 7		oyed ▶ 🔲	(See HSUUC	uona)	
	parer's	l				l <u>.                                    </u>		
	e Only	Firm's na		ours	EIN	<b>•</b>		
		address,		+ 4 🖊	Phone n	0, ▶ (	)	
Ma	ay the I	IRS disci	uss this	return with the preparer shown above? (see instructions)	·	<u> </u>	. Yes	No



Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:  To implement the Arizona Private School Tuition Tax Credit. We are dedicated to increasing the opportunity for school choice to families.
_	Dut the accomplish and details and accomplished accomplished and accomplished accomplished and accomplished and accomplished accomplished and accomplished and accomplished and accomplished and
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 528,191 including grants of \$ 514,526 ) (Revenue \$ 606,981 )
	Distributing money contributed based on applications received by December 31, 2009 to students at Southwestern Christian School (Yuma); Yuma Catholic High School (Yuma); Saint Francis of Assissi School (Yuma);
	Yuma Lutheran School (Yuma); Immaculate Conception School (Yuma); Hand in Hand Christian School (Yuma);
	Calvary Baptist School (Yuma); The Learning Pad (Yuma), Northwest Christian School (Phoenix); Christ's Greenfield
	Lutheran (Gilbert), Paradise Valley Christian Prep (Phoenix); Salpoint Catholic High School (Tucson); Summit
	School of Ahwatukee (Phoenix)
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 528,191

Par	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)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		√
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓
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		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; 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		4
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>√</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<b>√</b>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		<b>*</b>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,
20	If "Yes," complete Schedule G, Part III.  Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20		<b>√</b>

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	√	
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 Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		√
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<b>√</b>
25a	Section 501(c)(3) and 501(c)(4) 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		✓
ь	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		4
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<b>*</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		4
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,			
00	Part VI	37		✓
38 ——	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	
		_	000	

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			:
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		✓
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		4
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		4
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<del></del>	1
	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		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	36		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C	Prohibited Tax Shelter Transaction?	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		1
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		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7a		<del></del>
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	'9		
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, have excess business holdings at any time during the year?	8		-
9 a	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:			1
a h	Gross income from members or shareholders			1
	amounts due or received from them.)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		

Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 6 1a Enter the number of voting members of the governing body . . . . . 0 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 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 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? . . . . . . . . . . . . . . 8a **b** Each committee with authority to act on behalf of the governing body? d8 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 . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . . . b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Does the organization have a written whistleblower policy? 14 14 Does the organization have a written document retention and destruction policy? . . . . . . . . 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? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Arizona 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

# Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name physical address, and telephone number of the name who necesses the backs and records of the name.

☐ Another's website ☐ Upon request

☐ Own website

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 the organization did not co	mpensate	any o	cum	ent	offi	cer, d	irec	tor, or trustee.	,	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Positi	on (d	chec	k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Angela Hunt	_				Γ		Π	44.044		
Executive Director	5	1				}		11,211	0	0
Todd Hirte	0					1	1	0	0	0
President	•	1		<u> </u>			<u></u>	U	0	
Rodd Reed	0							0	0	0
Vice President		1	<u> </u>		_				<u> </u>	···-
Robin Laughlin	0	1	}					0	l ol	0
Secretary		1	<u> </u>	<u> </u>	┞	<u> </u>				
Rick Seltzer	0				ł		l	0	0	0
Board Member		✓	-	<u> </u>		<b>├</b>				
Rhoda Hernandez	0	,						0	o	0
Board Member		<b>/</b>	-				<del> </del>			
	ł	İ		1					1	

Pa	Section A. Officers, Directors, 11t		/ Emp	HOY			a Hig	nes	· · · · · · · · · · · · · · · · · · ·		ntinue	
	(A) Name and title	(B) Average	Doct	on (e		C) Lall	that ap	nhd	(D) Reportable	(E) Reportable		(F) stimated
	Name and tide	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org an	onneunt of other pensation om the janization d related anizations
									·	-		
												<u>-</u>
1b	Total			<u> </u>				▶	11,211	0		0
2	Total number of individuals (including but reportable compensation from the organization)		to th	ose	lıst	ed a	above	e) wl	ho received me	ore than \$100,00	00 in	
												Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oye	e, or highest of	compensated	3	1
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.	sum of rep	ortab	le c	omi	oen:	sation				4	1
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	com olete	pen Sch	satı edi	on ule .	from I for s	any	unrelated org	anization for	5	1
Se	ction B. Independent Contractors	, oo, oo,		<del>, , , , , , , , , , , , , , , , , , , </del>	-				. ,	<u> </u>		
1	Complete this table for your five highest c compensation from the organization.	ompensate	ed ind	epe	ende	ent (	contra	acto	rs that receive	d more than \$10	000,000	) of
	(A) (B)									(C Compe		
_												
								-				
2	Total number of independent contractors (imore than \$100,000 in compensation from					l to	those	list	ed above) who	received		

Part	VIII	Statement of Re	venue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c	_	1b 1c 1d	0 0 0				
tions, r sim		Government grants (contri All other contributions, gifts, g		0				
ontribu nd othe	g	and similar amounts not inclu- Noncash contributions include	ded above 1f	606,758				
	h	Total. Add lines 1a-1f	<del> </del>	Business Code	606,758			
Program Service Revenue	2a b c d							
гат 5	е							
Prog	1 9	All other program serving Total. Add lines 2a-2f	ce revenue	▶	0			
	3	Investment income (incother similar amounts)			223 0		:	
	5	Income from investment of Royalties			0			
		Gross Rents Less: rental expenses	(i) Real	(ii) Personal				
:		Rental income or (loss)  Net rental income or (lo	<del></del>	•	0			
		Gross amount from sales of assets other than inventory	(i) Secunties	(ii) Other				
	С	Less: cost or other basis and sales expenses . Gain or (loss)						
<u>o</u>		Net gain or (loss) Gross income from		<u> </u>	0			
Revenue	<b></b>	events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).					
Other		Less: direct expenses Net income or (loss) fro			0			
	9a	Gross income from gam See Part IV, line 19	ing activities					
	b	Less: direct expenses Net income or (loss) fro	b		0			
		Gross sales of inverteums and allowances Less: cost of goods so	a					
		Net income or (loss) from	n sales of invent	ory <b>&gt;</b>	0			
	112	Miscellaneous Revi		Business Code				
	b							
	C	All other revenue						
	е	All other revenue Total. Add lines 11a-1	1d	•	0			
	12	Total revenue. See ins	tructions.	<u> ▶</u>	606,981	0	0	0

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are no	required to comp	piete columns (B),	(C), and (D).
	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	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	514,526	514,526		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0		
7	Other salaries and wages	0	0		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .	0	0		
9	Other employee benefits	0	0		
10		0	0		
11					
	Fees for services (non-employees):	11,211	11,211		
_	Management	0	0		
b	Legal	0	0		
	Accounting	0	0		
	Lobbying	0	- 0		
_	Professional fundraising services See Part IV, line 17	0	0		
f	Investment management fees	0	0	·	
	Other	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<del></del>
12	Advertising and promotion	0	0		
13	Office expenses	1,631	1,631		
14	Information technology	60	60		
15	Royalties	0	0		······································
16	Occupancy	0	0		
17	Travel	89	89		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	o		
19	Conferences, conventions, and meetings.	664	664		
20	Interest	0	0		
21	Payments to affiliates	0	0		* *
22	Depreciation, depletion, and amortization .	0	0		
23	Insurance	0	0		
24	Other expenses ltemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Arizona Corp. Comm. filing Fee	10	10		
b		<del></del>			
C					
d	•••••	<u> </u>			
е		ļ			<del>,, .</del>
o f	All other expenses				<u>-</u>
<u>25</u>	Total functional expenses. Add lines 1 through 24f	528,191	528,191	0	
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (A) Beginning of year (B) End of year 210,315 1 342,391 Cash—non-interest-bearing . . . . . . . . . 1 2 2 3 3 Pledges and grants receivable, net . . . . . 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 Notes and loans receivable, net . . . . . . . Inventories for sale or use . . . . . 8 9 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 10a other basis Complete Part VI of Schedule D 10c b Less: accumulated depreciation . . . 10b 11 Investments—publicly traded securities . . . 11 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments—program-related. See Part IV, line 11 14 14 15 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 210,315 16 342.391 17 17 Accounts payable and accrued expenses . . 205.827 18 333,148 18 Grants payable . . . . . . . 19 19 Deferred revenue . . . . . . . . . . . . . . . . . 20 20 Tax-exempt bond liabilities . . . . . . . . . 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . 24 Other liabilities. Complete Part X of Schedule D . . . . . . 25 25 Total liabilities. Add lines 17 through 25. 205.827 26 333,148 Organizations that follow SFAS 117, check here ▶ □ and Fund Balances complete lines 27 through 29, and lines 33 and 34. 4.488 27 9.243 28 Temporarily restricted net assets . . . . . . . . . 28 29 Organizations that do not follow SFAS 117, check here ▶ □ ō and complete lines 30 through 34. 30 Assets 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds 4,488 33 9,243 33 Total liabilities and net assets/fund balances 210,315 342,391 34

Pa	rt XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
22	a Were the organization's financial statements compiled or reviewed by an independent accountant?			1			
b		2b		1			
C							
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		<b>✓</b>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					

Form **990** (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No 1545-0047
2009

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Yur	na's	Education S	Scholarship Fun	d for Kids, Inc.					47		0896753
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	anization is n	ot a private foun	dation because it is:	(For lines	1 through	h 11. ch	eck only	one box	)	
1	_			rches, or association				_		•	
2				on 170(b)(1)(A)(ii). (At					(-)(-)(-	7(-)-	
3	$\overline{\Box}$			nospital service organ			in sectio	n 170(h)	(1)/ <b>Δ</b> \/iii)		
4		A medical re		ition operated in conj	unction v	with a ho					)(A)(iii). Enter the
5		An organizat	• •	the benefit of a colle			wned or o	perated	by a gov	emmenta	I unit described in
6				emment or governme	ental unit	describe	d in <b>sect</b>	ion 170(l	b)(1)(A)(v	).	
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8				in section 170(b)(1)		omplete	Part II.)				
9	V	An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses									
		acquired by	the organization	after June 30, 1975.	See sec	tion 509(	(a)(2). (Co	omplete F	Part III.)		
10		An organizat	tion organized a	nd operated exclusive	ely to test	for publ	ic safety.	See sec	tion 509	(a)(4).	
11		An organizat	tion organized a	and operated exclusiv	ely for th	ne benefi	t of, to p	erform t	he functi	ons of, o	r to carry out the
				blicly supported organ							
				at describes the type	of suppo	rting orga	anızation	and com	iplete line	es 11e thi	rough 11h.
		a 🗌 Type	1 <b>b</b>	Type II c	: 🗌 Тур	e III-Fun	ctionally	integrate	d	d□	Type III-Other
е				tify that the organizat							
			section 509(a)(2)	n managers and othe	r than one	e or more	publicity	supporte	a organiz	zations de	escribed in section
f				a written determinati	on from	the IRS t	that it is	a Type i	l Tyne II	or Type	III supporting
			, check this box							, or type	
g		Since Augus following per		the organization acce	epted any	gift or c	ontributio	on from a	any of the	<b>)</b>	
				r indirectly controls, a				th persor	ns descril	oed in (II)	Yes No
			=	rson described in (i) a							11g(ii)
		(iii) A 35% c	ontrolled entity	of a person described	in (ı) or	(ii) above	?				11g(iii)
_ <u>h</u>		Provide the	following informa	ation about the suppo	orted orga	anızatıon	(s).				
(i)		e of supported anization	(ii) EIN	(described on lines 1-9		organization sted in your document?	the organ	rou notify nization in of your port?	organizat	s the ion in col zed in the S?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	_
					<u> </u>				ļ		
									]		
	-					-			<del> </del>		· · · · · · · · · · · · · · · · · · ·
									ļ		
					-				<del> </del>		<del></del>
			1	ı	1	)		•	ī		

Total

_	till Support Schedule for Org	anizations I	Described in	Sections 17	O(b)(1)(A)(iv)	and 1	170(h)(1	Page 2
التكوي	(Complete only if you chec	ked the box	on line 5. 7.	or 8 of Part I	.)	a.iu	(-)(	-/\~/(**)
Sec	tion A. Public Support				<del></del>			
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3		ļ			-		
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 tion B. Total Support	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>		<u>L</u>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(0)	2009	(f) Total
7	Amounts from line 4	(2, 2000	(2) 2000	(0, 200)	(4) 2000	(0)	2005	(1) 1010.
8	Gross income from interest, dividends, payments received on securities loans,							
_	rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carned on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						····-	
11	Total support. Add lines 7 through 10 .		l			ļ.,		
12	Gross receipts from related activities, etc	•	•			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	re	·	nd, third, fourth			a section	on 501(c)(3)
Sec	tion C. Computation of Public Su					1 1		
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14		%_
15	Public support percentage from 2008 Sci		•			15		<u>%</u>
16a	33% % support test-2009. If the organi				line 14 is 331/3	% or m	ore, che	_
	and stop here. The organization qualifies		-					▶ ∐
b	33% % support test—2008. If the organi					331/3 %	or more	
	box and stop here. The organization qua			-				▶ ∐
1/a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explai	n ın Part	IV how the
ь	10%-facts-and-circumstances test—2008 more, and if the organization meets the "I	I. If the organiza	ton did not che	ck a box on line	13, 16a, 16b, o	or 17a, a	and line 1	5 is 10% or
18	organization meets the "facts-and-circumsta Private foundation. If the organization did	ances" test. The	organization qua	alifies as a public	cly supported o	rganizat	юп	▶ 🛄

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
C	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	190,485	272,255	345,970	487,390	606,758	1,902,858
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	190,485	272,255	345,970	487,390	606,758	1,902,858
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	<u> </u>					
8	Public support (Subtract line 7c from line 6.)	:			<u> </u>		1,902,858
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	190,485	272,255	345,970	487,390	606,758	1,902,858
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	!		103	131	223	457
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			103	131	223	457
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						<del></del>
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	190,485	272,255	346,073	487,521	606,981	1,903,315
14	First five years. If the Form 990 is for to organization, check this box and stop to organization.	here .			•	ear as a sectio	n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	•	<del></del>				
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	ırt III, line 15	e 13, column (1	n) 	15 16	99 <u>%</u> 99 <u>%</u>
Sec	tion D. Computation of Investmen	it Income Pe	ercentage		·		
17	Investment income percentage for 2009	) (line 10c, col	umn (f) divided	by line 13, co	lumn (f)) .	17	.024 %
18	Investment income percentage from 20					18	.017 %
19a	33\% % support tests -2009. If the orga 17 is not more than 33\% %, check this be						
b	331/4 % support tests - 2008. If the organ line 18 is not more than 331/4 %, check this	ization did not o	check a box on	line 14 or line 1	9a, and line 10	6 is more than 3	331/3 %, and
20	Private foundation If the organization		_			-	_

Part IV	Supplemental		Complete this	part to provide	e the explanation	ns required by F	Page 4
	Part II, line 17	a or 17b; and F	Part III, line 12.	Provide any o	ther additional ii	nformation. See	instructions.
	***************************************						
							•
			· <b></b>				•••••
					•••••		***************
		***************************************					
							••••
					•••••		
					••••		

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009	
Ø	I

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public

**2** □ (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use **Employer Identification number** 0896753 ☑ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 47 (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant assistance Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance Yuma's Education Scholarship Fund for Kids, Inc. (P) Enter total number of other organizations \* \* \* 1 (a) Name and address of organization or government Name of the organization

Schedule I (Form 990) 2009

Cat. No. 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

(a) Type of grant or assistance	(b) Number of reciplents	(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
Scholarships for students @ Yuma Catholic High	111	204,776			
Scholarships for students @ Calvary Baptist	13	11,434			
Scholarships for students @ Hand in Hand Christi	14	16,660			
Scholatships for students @ Immaculate Concept	\$1	18,230			
Scholarships for students @ Saint FrancisCatholic	28	30,642			
Scholarships for students @ Southwestern Christi	137	186,648			
Scholarships for students @ Yuma Lutheran	26	. 39,304			
Part IV Supplemental Information. Complete this part	e this part to pre	ovide the informatio	in required in Part	to provide the information required in Part I, line 2, and any other additional information.	additional information.

Student applications are submitted by parents for tuition assistance at private schools in the state of Arizona. The parent supplies the most recent copy of their tax form filed so that the family income can be verified. The application must be signed by the school administrator verifying the student is enrolled during the school the application and then approves the distributions to the school on a monthly basis. The schools are informed on the application that in the event money has year. An application is only valid for one school year, and the parent must re-apply each school year. The Yuma's Education Scholarship Fund Board reviews been received for a student no longer attending, that they are to return the money to the Yuma's Education Scholarship Fund. The application is available

on our website.

SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Yuma's Education Scholarship Fund for Kids, Inc.

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

0896753

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance Part Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 51026W (c) IRC section if (d) Amount of cash grant (e) Amount of non-cash applicable assistance For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (b) EIN (a) Name and address of organization or government

age,

Schedule I-1 (Form 990) 2009

(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
Scholarships for Students @ The Learning Pad	3	2,564			
Scholarships for students @ Christ's Greenfield Lutheran	-	970			
Scholarships for students @ Northwest Christlan School	1	970			
Scholarships for students @ Paradise Valley Christian Prep	1	388			
Scholarships for students @ Salpoint Catholic High School	-	970			
Scholarships for students @ Summıt School of Ahwatukee	-	970			
			;		

#### **SCHEDULE 0** (Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information.

Attach to Form 990.

Yuma's Education Scholarship Fund for Kids, Inc.	47 ;	0896753
Part VI Section A Line 8		
Form 990 and all supporting schedules were completed by the Executive Direct	ctor and then provided	to the President
on the organization for review. All financials used to complete the Form 990 a	re reviewed each mont	h by the board
members.		
Part VI Section B Line 15a		
The Board establised a compensation plan for the Executive Director position	during August 2008. E	ach month a
percentage of the total donations for the month is calculated and then paid to		
considered an independant contractor. At the end of the yar a form 1099 is the	en issued for all money	paid.
Part VI Section C Line 19		
The organization keeps all governing documents, policies, and financial state	monte at the Navel Aver	aug addross
Any request by the public to see any of these would first be taken by the Exec		
advisement, and then made available in paper form.		
·		
		••••••