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

OMB No 1545-0047

20**10** 

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

Department of the Treasury Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the calendar year, or tax year beginning January 1, 2011 , 2010, and ending June 30 20 11 D Employer identification number C Name of organization Yuma's Education Scholarship Fund for Kids, Inc. Check if applicable: Doing Business As Address change 47 0896753 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number ☐ Name change Initial return 4027 South Navel Avenue 928 314-0033 Crty or town, state or country, and ZIP + 4 ☐ Terminated Amended return Yuma, Arizona 85365 G Gross receipts \$ 155.238.13 Name and address of principal officer: Angela Hunt H(a) Is this a group return for affiliates? The Yes No ■ Application pending 4027 S Navel Avenue, Yuma, Az 85365 H(b) Are all affiliates included? Yes No If "No," attach a list. (see instructions) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status: Website: ▶ www.azyesfund.org H(c) Group exemption number ▶ Form of organization 

✓ Corporation 

Trust 

Association 

Other M State of legal domicile: Δ7 Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: To implement the Arizona Private School Tuition Tax Credit. We are dedicated to increasing the opportunity for "school choice" to families by using tax dollars to fund Governance tuition by means of scholarships. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a). 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 0 Total number of volunteers (estimate if necessary) . . . . . Total unrelated business revenue from Part VIII, column (C), line 12 0 7a Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h) . 611,607 155,238 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 145 104 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e) 0 0 Total revenue—add lines 8 through 11 (must equal Part VIII) column (A) line 12) 611,752 12 155,342 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13 587,451 346,156 Benefits paid to or for members (Part X, column (A), line 4) 7911 14 0 0 Salaries, other compensation, employee benefits (Part X, column (A), lines 5 15 O 0 Professional fundraising fees (Part IX, column (A)) line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 114-11d, (111-241) 17 14,902 5,587 Total expenses. Add lines 13-17 (must equal Part 1X, column (A), line 25) 602,353 18 351,743 9,399 (196,401) 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 379,073 179,560 21 167,366 Total liabilities (Part X, line 26) . . 366,322 ₹<u>5</u> 22 12,751 12,194 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of penjury, Loeclare 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 Degraration of preparer tother than officer) is based on all information of which preparer has any knowledge. Sign 13 2011 Here Type or print name and title Print/Type preparer's name Date Preparer's signature Check \_\_\_ if **Paid** self-employed **Preparer** Firm's FIN ▶ Firm's name **Use Only** Firm's address > Phone no 🗌 Yes 🗌 No May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.



Form 990 (2010)

Cat. No 11282Y



Form 99	010) Page	e <b>2</b>
Part I	Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response to any question in this Part III	<u>_</u>
<b>.</b> 1	iefly describe the organization's mission:	
`	implement the Arizona Private School Tuition Tax Credit. We are dedicated to increasing the opportunity for "school choice"	
	families by means of issuing scholarships to aid with tuition.	
2	d the organization undertake any significant program services during the year which were not listed on the	
	ior Form 990 or 990-EZ?	łо
	'Yes," describe these new services on Schedule O.	
3	d the organization cease conducting, or make significant changes in how it conducts, any program	
	rvices?	ło
_	"Yes," describe these changes on Schedule O.	
4	escribe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations thers, the total expenses, and revenue, if any, for each program service reported.	tc
4a	ode: ) (Expenses \$ 351,743 including grants of \$ 346,156 ) (Revenue \$ 155,342 )	
	stributing money contributed based on applications received to student applicants at Southwestern Christian School (Yuma), alvary Baptist School (Yuma), Christ Lutheran School (Phoenix), Hand in Hand Christian School (Yuma), Immaculate	
	onception School (Yuma), Northwest Christian School (Phoenix), Saint Francis School (Yuma), Saint Mary-Basha Catholic School	
	chandler), San Francisco de Asis School (Flagstaff), The Learning Pad (Yuma), Yuma Catholic High School (Yuma), and Yuma	
	utheran School (Yuma).	
	***************************************	
		_
4b	ode:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	ode: ) (Expenses \$ including grants of \$ ) (Revenue \$ )	_
	her program services. (Describe in Schedule O.)	_
	(penses \$ including grants of \$ ) (Revenue \$ )	
<u> 4e</u>	tal program service expenses > 351,743	

Part	V 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	<b>✓</b>	1
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		<b>✓</b>
J	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	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	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	1
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, Parts I and IV	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, Parts II and IV	15		1
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, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		1

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
•	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	<b>✓</b>	
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		✓
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		✓
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		1
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		1
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		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
C	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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)?	35		1
а	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			
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		<b>✓</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		<u> </u>	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI	37		1
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	1	

18 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable be Enter the number of Forms W-26 included in line 1s. Enter -0- if not applicable be Enter the number of Forms W-26 included in line 1s. Enter -0- if not applicable be Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  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  2 b If at least one is reported on line 2a, did the organization file all required force in elemptoyment tax returns?  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3d Did the organization have unrelated business gross income of \$1,000 or more during the year?  4d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a firancial account in a foreign country; leach as a bank account, securities accountry over, a firancial account in a foreign country; lead to the companization in the security of the organization and the security of prohibited tax sheller transaction at any time during the tax year?  5d Was the organization server to a prohibited tax sheller transaction at any time during the tax year?  5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizations oscilet any contributions that the were of tax deductible?  6d J ("Yes," did the organization included the very solicitation an express statement that such contributions or gifts were not tax deductible?  7d Drug of the organization server apartment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d If "Yes," did the organization notify the organization server	Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-26 included in line 1a. Enter 0- if Ind applicable.  Did the organization comply with backup withholding judes for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  It c		Theorem ocheanie o contains a response to any question in this hair v	<u> </u>	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable payments for vendors and reportable payments for vendors and reportable paring (gambling) winnings to prize winners?  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  3 Did the organization and inner 1 as and 2 as greater than 250, you may be required to e-file, (see instructions)  30 Did the organization are unrelated business gross income of \$1,000 or more during the year?  5 bit "Yes," has it filed a Form 990-1 for this year? If "No," provide an explanation in Schedule O  5 at At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 bit "Yes," enter the name of the foreign country.  5 bit "Yes," enter the name of the foreign country.  5 bit "Yes," enter the name of the foreign country.  5 bit "Yes," enter the name of the foreign country.  5 bit of the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 bit of "Yes," to line See or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6 bit "Yes," to line See or 5b, did the organization file Form 8886-17  5 bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5 bit "Yes," did the organization notify the contributions under section 170(c).  6 bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?  6 bit the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?  7 bit the organization sell, exchange, or otherwise dispose of tangible personal benefit contract?  7 bit the organization sell, exchange, or	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	· -	<b> </b>	
2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2 Statements, filed for the calendar year ending with or within the year covered by this return 2 Statements, filed for the calendar year ending with or within the year covered by this return 2 Did I at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file, (see instructions) 1 If 1 Yes, has it filed a form 990-T for this year? If 1 No. Provide an explanation in Schedule 0	b `	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   2a    b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 was unrelated businesses gross income of \$1,000 or more during the year?  b If Yes,* has it filed a Form 990-T for this year? If *No,* "provide an explanation in Schedule O .  4 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. ▶  5a einstructions for filing requirements for Form 10 F 90*221. Report of Foreign Bank and Financial Accounts.  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Dost the organization have aninuted property to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes,* did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes,* did the organization in the Form 8886-T?  5d 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?  7 Organization solicit any contributions that were not tax deductible?  7 Organization stat may receive deductible contributions under section 170(c).  8 If "Yes,* did the organization notify the donor of the value of the goods or services provided?  9 If "Yes,* did the organization notify the donor of the value of the goods or services provided?  10 If the organization sell, exchange, or otherwise dispose of tangible personal benefit contract?  17 If the organization received any funds, directly or indirectly, to pay premiums of the form 899 as required?  18 If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?	C			[	
Statements, flied for the calendar year ending with or within the year covered by this return 2.  If at least one is reported on line 2a, did the organization file all required the derival emboyament tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie, (see instructions)  July 16 17 'es,* has filled a Form 990-T for this year? If 'No, 'provide an explanation in Schedule 0.  July 16 17 'es,* has filled a Form 990-T for this year? If 'No, 'provide an explanation in Schedule 0.  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 accounts.  By the organization of the foreign country:  See instructions for filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  We shall not organization from the foreign country:  See instructions for filing requirements for Form 10 F 90-22.1, Report of Foreign Bank and Financial Accounts.  We have organization shall approach that it was or is a party to a prohibited tax shelter transaction?  If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If 'Yes,' did the organization include with every solicitation and party for goods and servoses provided to the payor?  If 'Yes,' did the organization include with every solicitation and party for which it was required to file Form 82822? Fled during the year  July 17			1c	<u> </u>	1
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, If the sum of lines ta 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?  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. See instructions for filing requirements for form 10 F 90-22.1, Report of Foreign Bank and Financial account, or other financial account;  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization and party to a prohibited tax shelter transaction? or 1°Yes* to line 5 or 5b, did the organization that it was or is a party to a prohibited atx shelter transaction? organization solicit any contributions that were not tax deductible?  5d Was 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?  6d V Tryes," did the organization notive with every solicitation an express statement that such contributions or gifts were not tax deductible?  7d Organizations that may receive deductible contributions under section 170(c).  8d V Tryes, and the organization notive the during the year  9d With Yes," did the organization notive with every solicitation and express statement that such contract?  10 With the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file from 8292?  10 With the organization sell, exchange, or otherwise dispose of tangible personal benefit contract?  11 With the organization sell, exchange, or otherwise dispose of tangible personal benefit contract?  12 With the organization sell and the s	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3D of the organization have unrelated business gross income of \$1,000 or more during the year?  4A 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; ▶  5 a financial account in a foreign country; ▶  5 a instructions for filing requirements for Form 1D F 90-22.1, Report of Foreign Bank and Financial Accounts.  5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 a //  5 b Did any taxable party notify the organization file Form 8886-17?  6 a Does the organization object the organization file Form 8886-17?  6 a Does the organization solicit any contributions that were not tax deductible?  6 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 organization solicit any receive deductible contributions under section 170(c).  8 b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  9 b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  10 b If "Yes," include the number of Forms 8282 filed during the year  10 b If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  10 b If "Yes," indicate the number of Forms 8282 filed during the year  10 b If the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor.  10 b If the organization organization included on Qualified nettleticular property, did the organization file Form 899 as required?  10 b If the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  11 b If the organization include of		· · · · · · · · · · · · · · · · · · ·	1		
3a	b		2b	<u> </u>	✓
b if "Yes," has it filed a Form 990-T for this year "If "No," provide an explanation in Schedule O  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).  If "Yes," enter the name of the foreign country: ▶  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  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?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(e).  a Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? filed during the year  Did the organization receive any funds, directly or indirectly, on a personal benefit contract?  If the organization receive a contribution of qualified ntellectual property, did the organization file Form 1098-0?  The politic programizations business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds and section 500(a)(3) supporting organizations. Did the organization make any taxable distributions under section 4	_		1		ļ
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .   g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   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?   Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?   Did the organization make a distribution sunder section 4966?   Did the organization make a distribution to a donor, donor advisor, or related person?   Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12			7e	1	1
ff the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  Section 501(c)(2) organization flame the amount of tax-exempt interest received or accrued during the year.  Ital  Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  Ital	_		7f	1	
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?  Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12	g		7g		
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?  9	ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
organization, have excess business holdings at any time during the year?  9  Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?		organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
a Did the organization make any taxable distributions under section 4966?			8	<u> </u>	✓
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	9	Sponsoring organizations maintaining donor advised funds.			
10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12		<del>,</del>	9a	<b></b>	
a Initiation fees and capital contributions included on Part VIII, line 12	b	, , , , , , , , , , , , , , , , , , , ,	9b	ļ	<b>/</b>
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b   11   Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders	10				
a Gross income from members or shareholders	_	· · · · · · · · · · · · · · · · · · ·	4		l
a Gross income from members or shareholders		• • • • • • • • • • • • • • • • • • • •	4		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year .					
against amounts due or received from them.)			┨		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		100	1	ł
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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		, , , ,	128	┼	╁
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?  13a  13a  13a  13a  13a  13a  13a  13		• • • • • • • • • • • • • • • • • • • •	1		
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		•	132	+	<del> </del>
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	a	<del>y</del> , , , , , , , , , , , , , , , , , , ,	138	+	<del> </del>
the organization is licensed to issue qualified health plans	h			ļ	
c Enter the amount of reserves on hand		About a constitue de la Constitución de la Constitu	1		
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 🗸			1		
			142	<del>                                     </del>	1
		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	-	T	7

Part	, , , , , , , , , , , , , , , , , , , ,			
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es in	Scne	eauie:
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management	<u> </u>	<u> </u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 6			<del>                                     </del>
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 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	1	<b>/</b>
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		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	L	1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the government had 2	_	ł	
_	of the governing body?	7a	<u> </u>	<b>-</b>
8 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	-	<b>├</b>
•	the year by the following:		į	
а	The governing body?	8a	1	ł
b	Each committee with authority to act on behalf of the governing body?	8b	<b>_</b>	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			<del>-</del>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	<del>;                                    </del>
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
b	If "Yes," does the organization have written policies and procedures governing the activities of such		l	Ì
	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.	10b	<u> </u>	Ь
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,	
_	form?	11a	<b>/</b>	<del> </del>
120	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-		,
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b></b> -	<b>/</b>
J	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		•
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del>                                     </del>
•	describe in Schedule O how this is done	12c	ĺ	
13	Does the organization have a written whistleblower policy?	13		1
14	Does the organization have a written document retention and destruction policy?	14	1	
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?		l	
а	The organization's CEO, Executive Director, or top management official	15a	1	<u> </u>
b	Other officers or key employees of the organization	15b	<u> </u>	<b>✓</b>
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		1	ŀ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-	ĺ	
_	, ,	16a	<u> </u>	<b>/</b>
Ь	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?	16b	l	
Secti	on C. Disclosure	100	L	<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶ Arizona			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3	s only	y) ava	ilable
	for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	f inter	rest p	olicy,
	and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	,	
	organization: ► Angela Hunt, 4027 S Navel Avenue, Yuma, Az 85365, 928-314-0033			

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-orm	990	(2010)	

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Part VII	Compensation of Officers, Direct	tors, Trustees	s, Key	<b>Employees</b>	s, Highest Compensated Employees,	Ī
•	and Independent Contractors					
						_

Check if Schedule O contains a response to any question in this Part VII . . . . . . . .

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

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

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 no		d orga	aniz	atıo	n c	ompe	nsa		t officer, director	r, or trustee.
(A)	(B) (C)							(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	c Institutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Angela Hunt Executive Director	5	<b>√</b>		 		8.		4,240	0	0
(2) Todd Hirte President	0	1						0	0	0
(3) Rod Reed Vice President	0	1						0	0	0
(4) Robin Laughlin Secretary	0	1						0	0	0
(5) Rick Seltzer Board Member	0	1						0	0	0
(6) Rhoda Hernandez Board Member	0	1						0	0	0
							ļ			
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										-
(16)										

Part	Section A. Officers, Directors, Trus (A)	(B)	Emplo	yee		<u>2nd</u> 2)	Highe	est	(D)		ontinue		<u> </u>
	Name and title	Average	Posit	ion (c	•	•	that ap	oiv)	Reportable	(E) Reportable		(F Estim	
	•	hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation fi related organizations (W-2/1099-MIS	.	amou oth comper from organia and re organiz	ent of ear nsation the zation elated
(17)													
(18)								_					
(19)				-	-								
(20)									-				
(21)													
(22)													
(23)						-							
(24)						-		-					
(25)										†·····		-	
(26)					-			-				,	
(27)			-										
(28)													
1b c	Sub-total	-		•	•	•	•	<b>&gt;</b>	4,240		0		0
d 2	Total (add lines 1b and 1c)	t not limited	d to th					<b>►</b> e) w	ho received m	<del></del>	0  ),000 11	n	0
	reportable compensation from the organ	Zation	•				<del></del>						Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete									nest compens	sated	3	1
4	For any individual listed on line 1a, is the organization and related organizations individual												
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	idual	4	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Section	on B. Independent Contractors	: 11 163, 0	Jonipi	- CLC	JUI	icut	iie o i	Or s	such person	<del></del>	•	5	
1	Complete this table for your five highest compensation from the organization.	compensat	ed ind	dep	end	ent	contr	act	ors that receive	ed more than	\$100,0	000 of	
	(A) Name and business add	tress				_			(B) Description of s	services	Cc	(C) ompensa	tion
												-	
					_								
2	Total number of independent contractor							) th	nose listed ab	ove) who			
	received more than \$100,000 in compens	sation from	me o	yar	ıızal	ιτΟΠ					-		000 mosto

Par	<u> VIII</u>	Statement of Revenue					
·		•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
돌 활	` 1a	Federated campaigns 1a	0				
图为	b	Membership dues 1b	0			-	
e E	С	Fundraising events 1c	0				
₹ =	d	Related organizations 1d	0				
무를	e	Government grants (contributions) 1e	0				,
흥등	f	All other contributions, gifts, grants,					
萝萝	•						
물형	1		155,238				
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$	0				
	h	Total. Add lines 1a-1f	<u>. , . </u>	155,238			
₽		<u>  B</u>	usiness Code				
<b>8</b>	2a				_		
æ	b						
<u> 5</u>	С						
<b>.</b>	d						
É	e						
<u> </u>	f	All other program service revenue .			-		
Program Service Revenue	g	Total. Add lines 2a–2f	•	0		·	
	3	Investment income (including dividend					
	•	and other similar amounts)		404			
	۱ .	•		104		· · · · · · · · · · · · · · · · · · ·	
	4	Income from investment of tax-exempt bond	` .	0			
	5	Royalties		0			
			(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)	▶	o			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory					
	ь	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	▶	0			
r Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV. line 18					
Othe		· , · · · · · · · · · · · · · · · · · ·					
δ		Less: direct expenses b					
		Net income or (loss) from fundraising eve	nts . ▶	0		-	
	9a	Gross income from gaming activities.					
	Į	See Part IV, line 19 a					
	ь	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	es 🕨	0			
	10a	Gross sales of inventory, less returns and allowances a					-
				ĺ			
	i	Less: cost of goods sold b  Net income or (loss) from sales of inventor		اً			
	С	· · · · · · · · · · · · · · · · · · ·	<del></del>	0			
		MISCEIIANEOUS HEVENUE BI	usiness Code	ļ			
	11a						
	b						
1	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d	🕨	0			
	12	Total revenue. See instructions	🛌	155,342	0	0	0

# Part IX Statement of Functional Expenses

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

7b, 8b, 1 G G G G G G G G G G G G G G G G G G	ot include amounts reported on lines 6b, 1, 9b, and 10b of Part VIII.  Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	(A) Total expenses  0 346,156  0 0 0 0 4,240	(B) Program service expenses  0  346,156  0  0  0  0  0  0  0  0  0	(C) Management and general expenses	(D) Fundraising expenses
2 G tt 3 G C C C C C C C C C C C C C C C C C C	organizations in the U.S. See Part IV, line 21	346,156 0 0 0 0 0	346,156 0 0 0		
3 G O O O O O O O O O O O O O O O O O O	the U.S. See Part IV, line 22	0 0 0 0 0	0 0 0 0 0		
4 B 5 C tri 6 C p p p 7 C 8 P a a 9 C 10 P 11 F	organizations, and individuals outside the J.S. See Part IV, lines 15 and 16	0 0 0 0	0 0 0 0		
5 C tr 6 C P P P A A A P A A A A A A A A A A A A	Compensation of current officers, directors, rustees, and key employees Compensation not included above, to disqualified bersons (as defined under section 4958(f)(1)) and bersons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Pees for services (non-employees): Management	0 0 0 0	0 0 0		
9 CO 10 P 11 F	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  Other salaries and wages  Pension plan contributions (include section 401(k) und section 403(b) employer contributions)  Other employee benefits  Payroll taxes  Fees for services (non-employees):  Management	0 0	0		
7 C 8 P a 9 C 10 P	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management	0 0	0		
8 P a 9 C 10 P 11 F	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  Other employee benefits  Payroll taxes  Fees for services (non-employees):  Management	0	0		
10 P	Payroll taxes	0			
<b>11</b> F	ees for services (non-employees):  Management		0		
	Management	4.240	· ·		
	- <del>-</del>	4.240			
	.egal		4,240		
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0	0		
	Accounting	0	0		·
	obbying	0			
	nvestment management fees	0	0		
	Other	0	0		
	Advertising and promotion	0	0		
	Office expenses	831	831	·	
14 ir	nformation technology	0	0		
15 R	Royalties	0	0		
	Decupancy	0	0		
	ravel	0	0		
	Payments of travel or entertainment expenses or any federal, state, or local public officials	0	0		
	Conferences, conventions, and meetings .	36	36		
	nterest	0	0		
	Payments to affiliates	0	0		<del> </del>
	Depreciation, depletion, and amortization	0	0		
	Other expenses. Itemize expenses not covered				
	bove (List miscellaneous expenses in line 24f. If				
la	ne 24f amount exceeds 10% of line 25, column A) amount, list line 24f expenses on Schedule O.)				
a #	ASTOA membership	400	400		
<b>b</b> 3	Corporation Commission	10	10		
c C	Charitable Organization Renewal fee	70	70		
d					<del></del>
е					
	All other expenses				
	otal functional expenses. Add lines 1 through 24f	351,743	351,743		
S o (E	loint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line will be organization reported in column B) joint costs from a combined educational ampaign and fundraising solicitation.				

P	art X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	291,960	1	172,286
	2	Savings and temporary cash investments	7,269	2	7,274
	3	Pledges and grants receivable, net	····	3	<u> </u>
	4	Accounts receivable, net	79,844	4	0
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			· · · ·
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2	1	employees' beneficiary organizations (see instructions)		6	· ·
Assets	7	Notes and loans receivable, net		7	
Ą	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	·
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	379,073	16	179,560
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	366,322	18	167,366
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ΘS	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
윤		employees, highest compensated employees, and disqualified persons.			-
_		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	467.000
	26	Total liabilities. Add lines 17 through 25	366,322	26	167,366
ø		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
nces	07	<del>-</del> -	12751	27	12 104
age a	27	Unrestricted net assets	12,751	28	12,194
ã	28 29	Temporarily restricted net assets		29	<del></del>
Ĕ	23	Permanently restricted net assets		23	
Net Assets or Fund Bala		complete lines 30 through 34.			
8	30	Capital stock or trust principal, or current funds		30	
888	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	12,751	33	12,194
	34	Total liabilities and net assets/fund balances	379,073	34	179,560
					C DOO (2010)

Form 9	90 (2010)			Pa	ige <b>12</b>
Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				<b></b>
. 1	Total revenue (must equal Part VIII, column (A), line 12)	1		15	5,342
2	Total expenses (must equal Part IX, column (A), line 25)	2		35	1,743
3	Revenue less expenses. Subtract line 2 from line 1	3		(196	5,401)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	2,751
5	Other changes in net assets or fund balances (explain in Schedule O)	5		19	5,844
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1	2,194
Pan	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		• •		. 🗀
1	Accounting method used to prepare the Form 990:	oplain in		103	1.0
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
b	Were the organization's financial statements audited by an independent accountant?		2b		1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the second selection of the selectio	-	2c		
	If the organization changed either its oversight process or selection process during the tax year, e. Schedule O.	xplain ın			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the years used on a separate basis, consolidated basis, or both:	ear were			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				

**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

За

Form **990** (2010)

### SCHEDULE A

(Ferm 990 or 990-EZ)

Department of the Treasury

a

following persons?

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

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

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

OMB No. 1646-0047
2010
2010
2020 (CAPABILE)

Name of the organization Employer identification number Yuma's Education Scholarship fund for Kids, Inc. 47-0896753 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b ☐ Type !! e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

(III) OEIOW,	me governing o	ody of the supported	organizai	BOHE				• • •	119(9)	
(ii) A family m	nember of a pers	on described in (i) abo	ove?						11g(ii)	
		a person described in							11g(m)	
h Provide the fo	ollowing informat	ion about the support	ed organ	ization(s).						
(i) Name of supported organization	(II) E3N	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in cot (i) to	organization sted in your document?	the organ	rou notify nization in of your port?	organiza (i) organi	ts the tion in col. ized in the S.?	(viii) Amou suppo	
			Yes	No	Yes	No	Yes	No		
(A)										
(B)										
(C)										
(D)										
(E)										
Total			-121-1							

Since August 17, 2006, has the organization accepted any gift or contribution from any of the

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and

Par							
	(Complete only if you checked the						ality under
<u>Co-d</u>	Part III. If the organization fails to	quality und	er the tests in	sted below, p	lease comple	ete Part III.)	
	ion A. Public Support	(-) 0000	0.0003	1 (-) 0000	1 (4,000	T () 0010	T
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 shows an line 11 others (6)						
_	shown on line 11, column (f)				···		
6 Sooti	Public support. Subtract line 5 from line 4.   ion B. Total Support					لنبنا	
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Caler 7	idar year (or fiscal year beginning in)	(a) 2000	(D) 2007	(0) 2000	(0) 2000	(0, 20,0	(1) 10111
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	ليــــــ	المناسبة المالية		. 7		
12	Gross receipts from related activities, etc.	(see instruction	ons)		[	12	504(-)(0)
13	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, tourth,	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop her			· · · · ·	<del></del>	<del></del>	
	on C. Computation of Public Suppor			4 1 (0)	<del></del>		9/
14	Public support percentage for 2010 (line 6					14	<u>%</u>
15	Public support percentage from 2009 Sch	edule A, Part I	II, line 14 .		   line 14 ic 331	15	%
16a	box and stop here. The organization qual	ifies as a publi	icly supported	organization			. ▶ 🗆
þ	331/3% support test—2009. If the organicheck this box and stop here. The organic	ization did no zation qualifie:	t check a box s as a publicly	on line 13 or supported org	16a, and line anization .	15 is 33½%	or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	r10. If the orga ets the "facts-a acts-and-circu	nization did no and-circumsta mstances" tes	ot check a box nces" test, che t. The organiza	on line 13, 16ack this box an ation qualifies a	d stop here. E	xplain in upported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me	on meets the eets the "facts	facts-and-cir and-circumst-	rcumstances" i ances" test. 11	test, check the ne organization	is box and sta	publicly
	supported organization			40- 40: 47			. 🕨 🗆
18	Private foundation. If the organization did instructions						

Page 3

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

(Complete only if you checked the box on line 9 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.)

· Sect	ion A. Public Support		endar y		inpicte real		<del></del>
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	274.255	345,970				2,323,980
2	received. (Do not include any "unusual grams.") Gross receipts from admissions, merchandise	.,2,200	340.570	107,000	550,750	071,007	
~	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	272,255	345,970	487,390	606,758	511,607	2,323,980
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		3.0,000	303.000			
ь	Amounts included on lines 2 and 3						<del></del>
	received from other than disqualified	Į	j			1	
	persons that exceed the greater of \$5,000				j		
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from				:		2,323,980
6	line 6.)						
	on B. Total Support	(2) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Galen 9	rdar year (or fiscal year beginning in)	272,255	325,970	487,390	606,758	611,607	2,323,980
10a	Gross income from interest, dividends,	A:2,233	3-2,310	407,330	660,735	011,007	2,323,300
100	payments received on securities loans, rents,	Į.	103	131	223	145	602
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1	ì	}	}	j	
	acquired after June 30, 1975						
C	Add lines 10a and 10b		103	131	320	145	602
11	Net income from unrelated business activities not included in line 10b, whether					Ì	
	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 IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	272,255	346,073	487,521	606,981	611,752	2,324,582
14	First five years. If the Form 990 is for the organization, check this box and stop her				or fifth tax ye		501(c)(3) ► □
Secti	on C. Computation of Public Support						
15	Public support percentage for 2010 (line 8			, column (f))		15	99 9 %
16	Public support percentage from 2009 Sch				<u> </u>	16	99 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2010 (li					17	.025 %
18	Investment income percentage from 2009	Schedule A, P	art III, line 17.	- P 44		18	.024 %
19a	331/3% support tests—2010. If the organiz	ration did not o	heck the box	on line 14, and	une 15 is mo	ne than 33'a%	, and line
	17 is not more than 331/3%, check this box a						
þ	331/a% support tests-2009. If the organizatine 18 is not more than 331/a%, check this be	non and etce be	re. The orospis	ation custifice s	ea, aucume 10 i	poorted orosois	ation 🕨 🔲
90	Private foundation. If the organization did	un aunu suupulle Inot check a b	ox on line 14.	19a, or 19b, ct	neck this box a	nd see instruct	tions > []

Pan.	(Complete only if you checked the if the organization fails to qualify	e box on line	e 9 of Part I o	r if the organ			unde	er Part II.
Secti	on A. Public Support	dider the te	Sta liated bei	ow, picase et	ompicie i art	1/1/11 - 1	10/3/	115
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2 <del>01</del>	<u> </u>	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,238	2,479,218
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 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .					155	,238	2,479,218
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							
8	Add lines 7a and 7b							2,479,218
	on B. Total Support							
	dar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) <del>201</del>		(f) Total
9 10a	Amounts from line 6					155	104	2,479,218 706
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
C	Add lines 10a and 10b						104	706
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.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						,342	2,479,924
14	First five years. If the Form 990 is for the	-			-			
Casti	organization, check this box and stop her			<u> </u>	<u> </u>	• • •	<del></del>	🕨 📋
15	on C. Computation of Public Support Public support percentage for 2010 (line 8			3 column (fl)		15		99.9 %
16	Public support percentage from 2009 Sch					16		99.9 %
	on D. Computation of Investment Inc				<u> </u>	1.0		
17	Investment income percentage for 2010 (I			y line 13, colu	mn (f))	17		.028 %
18	Investment income percentage from 2009	Schedule A,	Part III, line 17			18		.025 %
19a	331/3% support tests—2010. If the organization is not more than 331/3%, check this box a 331/3% support tests—2009. If the organization	and stop here.	. The organizati	on qualifies as	a publicty supp	orted orgar	nizatio	on . 🕨 🗸
20 20	line 18 is not more than 331/3%, check this b	ox and stop h	ere. The organ	ization qualifies	as a publicly s	upported o	rganiz	zation 🕨 🗀

Schedule A (I	Form 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	

# SCHEDULE I (Form 990)

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

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

BA CA
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Open to Public Inspection

► Attach to Form 990. Department of the Treasury Internal Revenue Service Name of the organization

Yuma's Education Scholarship Fund for Kids, Inc.	for Kids, Inc.						47-0896753
Part   General Information on Grants and Assist	า on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants for the grants or assistance, and the selection criteria used to award the grants or assistance?	ain records to subsaward the grants	stantiate the amor	unt of the grants or	assistance, the g	rantees' eligibility fo	or the grants or assistance	e, and
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nization's procedur	es for monitoring	the use of grant fu	nds in the United	States.		•
Part II Grants and Other Assistance to Governm	ssistance to Go	vernments and	Organizations	In the United St	ates. Complete	ents and Organizations in the United States. Complete if the organization answered "Yes" to	vered "Yes" to
Form 990, Part IV, line 21, for any recipient that recan be duplicated if additional space is needed.	เอ 21, for any rec additional space	ipient that recei	ved more than \$	5,000. Check thi	s box if no one re	that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II ded .	than \$5,000. Part II
1 (a) Name and address of organization or government	(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 non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(6)							
(6)							
(9)							
(9)							
ω							
(8)							
(6)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	1 501(c)(3) and govorganizations	ernment organiza	tions				
g	see the Instruction	s for Form 990.		Cat.	Cat. No 50055P		Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010)

Schedule I (Form 990) (2010) Student applications are submitted by parents for tuition assistance at private schools in the state of Arizona. The parent supplies their income level and number of dependants on the (f) Description of non-cash assistance school year. In the event an excess amount is received by the school, then they must return the funds to the school tuition organization. The application is available on our website. re-apply each school year. the Yuma's Education Scholarship Fund Board reviews the application and then approves the distribution of the scholarship to the school on a monthly Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. application. The student enrollment is then verified with the administration of the school by our organization. An application is only valid for one school year, and the parent must basis. The school is informed on a disbursement letter that they may not receive an amount per student ( from all tuition organizations) in excess of the total tuition due for each Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 12,576 3,840 14,874 29,198 960 387 94.277 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 12 19 36 9 7 4 4 schoarships for students @ Immaculate Concepti 7 scholarships for students @ Southwestern Chris 6 scholarships for students @ San Francisco de 1 Scholarships for students at Christ Lutheran 2 schoalrships for students @ Calvary Baptist 3 scholarships for students @ Hand in Hand 5 scholarships for students @ Saint Francis (a) Type of grant or assistance Part IV Part III

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

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

Schedule I-1 (Form 990) 2009 (h) Purpose of grant or assistance Employer identification number 0896753 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. Yuma's Education Scholarship Fund for Kids, Inc. (P) EIN (a) Name and address of organization or government

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Schedule I-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance		ndividuals in the U	nited States (Sche	to Individuals in the United States (Schedule I (Form 990), Part III.)	7 after ( )
(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	2,216			
scholarships for students @ Yuma Catholic High School	87	145,941			
scholarships for students @ Yuma Lutheran School	44	41,887	:		
					Schedule I-1 (Form 990) 2009

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

Department of the Treasury Internal Revenue Service

Name of the organization

# Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

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 Director and then provided t	o the President of the
organization for review. All financial information used to complete the Form 990 are reviewed each m	onth by the board members.
Part VI Section B Line 15a	
The Board established a compensation plan for the Executive Director position during August 2008.	Each month a percentage of the total
donations for the month is calculated and then paid to the Executive director, who is considered an ir	ndependent contractor. At the end of
the year a form 1099 is then issued for all money paid.	
·	
Part VI Section C Line 19	
The organization keeps all governing documents, policies, and financial statements at the Navel Aver	ue address in Yuma, Arizona.
Any request by the public to see any of these would first be taken by the Executive Director to the box	ard for advisement, and then
made available in paper form.	
Part XI Line 5	
Amount represents the difference in net unrestricted assets for the year.	
·····	
·	•••••
·····	
······	

"Not necessary to file form"

See Calif

Form 1128

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# Application To Adopt, Change, or Retain a Tax Year

OMB No. 1545-0134

(Play January 2008)
Department of the Trousury
Internal Revenue Service

► See separate instructions.

Attachment Sequence No 148

	General Information  nportant: All filers must complete Part I and sign below. See instructions	
	ame of filer (if a joint return is filed, also enter spouse's name) (see instructions)	Filer's identifying number
- 1	'uma's Education Scholarship Fund for Kids, Inc.	47-0893753
-	umber, street, and room or suite no. (if a P.O. box, see instructions)	Service Center where income tax return will be filed
털스	027 S Navel Ανεπιε	,
P-IC	ity or town, state, and ZIP code	Filer's area code and telephone number/Fax number
51	'uma, Arizona, 85365	( 923 ) 314-6733 /( 928 ) 314-6933
_	ame of applicant, if different than the filer (see instructions)	Applicant's identifying number (see instructions)
1.	ingala Humî	527-75-8579
_	ame of person to contact (if not the applicant or filer, attach a power of attorney)	Contact person's area code and telephone number/Fax numb
1	and the period of the control of the	( ) /( )
1	Check the appropriate box(es) to indicate the type of applicant (see	e instructions).
	☐ Individual ☐ Cooperative (sec. 1381(a))	Passive foreign investment company (PFIC)
	Partnership Controlled foreign corporation (CFC) (sec. 957)	(sec. 1297)
	Estate Foreign sales corporation (FSC) or Interest-charge	Other foreign corporation
	✓ Domestic corporation domestic international sales corporation (IC-DISC)	Tax-exempt organization
	The second secon	_
	S corporation  Specified foreign corporation (SFC) (sec. 898)	Homeowners Association (sec. 528)
	☐ Personal service ☐ 10/50 corporation (sec. 904(d)(2)(E))  corporation (PSC) ☐ Trust	U Other (Specify entity and applicable Code section)
_	Approval is requested to (check one) (see instructions):	
b c	If adopting or changing a tax year, the first return or short period return we beginning ▶ January   , 20 11 , and ending ▶ January	ıll be filed for the tax year uπa 36 , 20 <sup>11</sup>
3	Is the applicant's present tax year, as stated on line 2b above, also its currell "No," attach an explanation.	ent financial reporting year? ► 🕢 Yes 🗌 N
4	Indicate the applicant's present overall method of accounting.	
~		
	☐ Cash receipts and disbursements method ☐ Accrual method	
	☐ Other method (specify) ►	
5	State the nature of the applicant's business or principal source of income.	
We	award schelarships to students in K-12th grade private schools based (	on financial need. Income comes from donors
uti	lizing an Individual Adrena Tan Credit in secondance with A.R.S. 43-1550	) <u> </u>
	Signature—All Filers (See Who Must Sign in	n the instructions.)
undi and l	er penalties of perjury, I declare that I have examined this application, including accompanying belief, it is true, correct, and complete. Declaration of preparer (other than filer) is based on all	screening and statements, and to the best of my knowledge.
	N 1 5 \ \	•
	Filer*)	Preparer (other than filer)
	STATE OF THE OF	į
	$\mathcal{L}$	
	Signature and date O T 17 2011	
An	gela Poels-Humi, Executive Director	<b>↓</b>
	Name and title (print or type)	Name of individual preparing the application
		•*
lf the	application is filed on behalf of a controlled foreign corporation or a	
	corporation by a controlling domestic shareholder, see instructions.	Name of firm preparing the application

-	4400			
·om	112X	HAV	1.2000	

Page 2

	Automatic Approval Request (see instructions)		
,	dentify the revenue procedure under which this automatic approval request is filed ▶		
	ction A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, o successor)	r its	
1	Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-45 (or its successor)? (see instructions)	Yes	No
2	Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?		1
3	If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553.		
	Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) > tion B—Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc.	<del> </del>	<u> </u>
_	2006-46, or its successor)	_	
4	Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions)	<u> </u>	
5	Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year?		 
6	Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4.01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months. (See instructions for information required to be submitted)		
7 8	Is the S corporation requesting an ownership tax year? (see instructions)		-
	(or its successor) or section 5.04(8) of Rev. Proc. 2002-39 (or its successor)? (see instructions)		
	ction C-Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)	_	
9_	Is the applicant an individual requesting a change from a fiscal year to a calendar year?	<b> </b>	
	ction D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)	<del>                                     </del>	
	Is the applicant a tax-exempt organization requesting a change?	لبل	L
Par	Ruling Request (All applicants requesting a ruling must complete Section A and any other se applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)	ection	that
Sec	tion A—General Information	Yes	No
1	Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court?		~
2	Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year?		_
	If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented.		
3	Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented?		~
4a	Is the applicant requesting to establish a business purpose under section 5.02(1) of Rev. Proc. 2002-39 (or its successor)?		V
	If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions).		
b	If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box.		
	☐ Annual business cycle test ☐ Seasonal business test ☐ 25-percent gross receipts test  Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions)		
5	Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period.		
	Short period \$		
	Second preceding year \$ O Third preceding year \$ O		
	Note: Individuals, enter adjusted gross income. Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions.		

Page	3
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_		Von	NIO
ø	Corporations only, enter the losses or credits, if any, that were generated or that expired in the short period:  Generated Expiring	Yes	No
•	Net operating loss \$ \$	1	
	Capital loss	1	
	Unused credits \$ \$	1	}
7	Enter the amount of deferral, if any, resulting from the change (see section 5.05(1), (2), (3) and 6.01(7) of		}
•	Rev. Proc. 2002-39, or its successor)	1	
<b>Q</b> -		1	<b>/</b>
oa	Is the applicant a U.S. shareholder in a CFC?		<del> </del>
	If "Yes," attach a statement for each CFC providing the name, address, identifying number, tax year, the	1	]
	percentage of total combined voting power of the applicant, and the amount of income included in the gross		
	income of the applicant under section 951 for the 3 tax years immediately before the short period and for the	İ	
	short period.		_
þ	Will each CFC concurrently change its tax year?	<b>—</b>	<u> </u>
	If "Yes" to line 8b, go to Part II, line 3.		
	If "No," attach a statement explaining why the CFC will not be conforming to the tax year requested by the U.S.		
	shareholder.		
9a	Is the applicant a U.S. shareholder in a PFIC as defined in section 1297? ▶	L	_
	If "Yes," attach a statement providing the name, address, identifying number, and tax year of the PFIC, the		
	percentage of interest owned by the applicant, and the amount of distributions or ordinary earnings and net		
	capital gain from the PFIC included in the income of the applicant.		
b	Did the applicant elect under section 1295 to treat the PFIC as a qualified electing fund?		V
10a	Is the applicant a member of a partnership, a beneficiary of a trust or estate, a shareholder of an S corporation,		
	a shareholder of an IC-DISC, or a shareholder of an FSC?		/
	If "Yes," attach a statement providing the name, address, identifying number, type of entity (partnership, trust,		
	estate, S corporation, IC-DISC, or FSC), tax year, percentage of interest in capital and profits, or percentage of		
	interest of each IC-DISC or FSC and the amount of income received from each entity for the first preceding year		
	and for the short period. Indicate the percentage of gross income of the applicant represented by each amount.		
ь	Will any partnership concurrently change its tax year to conform with the tax year requested?	}	
	This day particioning concentraty change no tax year to come in this the tax year requestion.		
	If "Yes" to line 10b, has any Form 1128 been filed for such partnership?		
<u>c</u>	If "Yes" to line 10b, has any Form 1128 been filed for such partnership?		
	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical		~
<u>c</u>	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?		~
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11 12	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?		\rangle
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11 12 13 14 Sect 15	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?	Yes	\rangle \rangl
11 12 13 14 Sect 15 16a	Does the applicant or any related entity currently have any accounting method, tax year, ruling, or technical advice request pending with the IRS National Office?.  If "Yes," attach a statement explaining the type of request (method, tax year, etc.) and the specific issues involved in each request.  Is Form 2848, Power of Attorney and Declaration of Representative, attached to this application?  Does the applicant request a conference of right (in person or by telephone) with the IRS National Office, if the IRS proposes to disapprove the application?  Enter amount of user fee attached to this application (see instructions)  Enter the date of incorporation.  December 11, 2002  Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period?	, — , —	
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21 {	Enter the date of the S corporation election. ▶  Is any shareholder applying for a corresponding change in tax year?	Ye	•
21	If "Yes," each shareholder requesting a corresponding change in tax year must file a separate Form 1128 to get advance approval to change its tax year.  If the corporation is using a tax year other than the required tax year, indicate how it obtained its tax year.  Grandfathered (attach copy of letter ruling)  Section 444 election (date of election)		
22 /	Grandfathered (attach copy of letter ruling)	7	
; ; 1	Letter ruling (date of letter ruling(attach copy))		
Sacti	Attach a statement providing each shareholder's name, type of shareholder (individual, estate, qualified subchapter S Trust, electing small business trust, other trust, or exempt organization), address, identifying number, tax year, percentage of ownership, and the amount of income each shareholder received from the S corporation for the first preceding year and for the short period.		
JUCU	ion D—Partnerships (see instructions)		•
23	Enter the date the partnership's business began. ▶	Yes	
24	Is any partner applying for a corresponding change in tax year?		٠
25 /	Attach a statement providing each partner's name, type of partner (individual, partnership, estate, trust, corporation, S corporation, IC-DISC, etc.), address, identifying number, tax year, and the percentage of interest in capital and profits.		
i i	Is any partner a shareholder of a PSC as defined in Regulations section 1.441-3(c)?		
]	If the partnership is using a tax year other than the required tax year, indicate how it obtained its tax year.  Grandfathered (attach copy of letter ruling)  Gection 444 election (date of election)  Letter ruling (date of letter ruling (attach copy))		
Section	on E—Controlled Foreign Corporations (CFC)		
i	Attach a statement for each U.S. shareholder (as defined in section 951(b)) providing the name, address, identifying number, tax year, percentage of total value and percentage of total voting power, and the amount of income included in gross income under section 951 for the 3 tax years immediately before the short period and for the short period.		
Section	on F—Tax-Exempt Organizations		•
	Type of organization:   ☑ Corporation ☐ Trust ☐ Other (specify) ►	Yes	;
30 [	Date of organization. ►		
31 (	Code section under which the organization is exempt. ► 501 (c) 3	]	
32 (	Is the organization required to file an annual return on Form 990, 1120-C, 990-PF, 990-T, 1120-H, or 1120-POL? ▶	1	_
€	Enter the date the tax exemption was granted.   11/07/2003  Attach a copy of the letter ruling granting exemption. If a copy of the letter ruling is not available, attach an explanation.		
34 I	If the organization is a private foundation, is the foundation terminating its status under section 507?	<u> </u>	
Section	on G—Estates		
	Enter the date the estate was created. ▶		
ı	Attach a statement providing the name, identifying number, address, and tax year of each beneficiary and each is an interested party of any portion of the estate.		
(	Based on the adjusted total income of the estate entered in Part III, Section A, line 5, attach a statement showing distribution deduction and the taxable amounts distributed to each beneficiary for the 2 tax years immediately before short period and for the short period.		
Section	on H—Passive Foreign Investment Companies		_