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For	" 9 9	JU	Return of Org	ganization Exemp	t From Ir	ncome Ta	X	OMB No 1545-0		
			Under section 501(c), 527, or	4947(a)(1) of the Internal Reve	enue Code (ex	cept private fo	undations	2015	Š	
D		(a6 - T	Do not enter soci	al security numbers on this fo	•	• -		Open to Pul	olic	
Inter	nal Reven	f the Treasury lue Service		t Form 990 and its instruction	•	-		Inspection	n	
A	For the	2015 cale	endar year, or tax year beginning		2015, and end		ne 30	, 20 15		
В	Check if	applicable	C Name of organization Yuma's E	ducation Scholarship Fund fo	or Kids, Inc.		D Employe	r identification numb	Der	
닏	Address	change	Doing business as					47-0896753		
片	Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone									
님	Initial ret		4027 South Navel Avenue	170				(928)314-0033		
님		m/terminated		untry, and ZIP or foreign postal cod	е					
님	Amende		Yuma, Arizona 85365 F Name and address of principal office	cer: Angela K Poels-Hunt		100 100	G Gross re			
	Applicati	ion pending	4027 S Navel Avenue, Yuma A	-				ubordinates? Yes V	_	
	Tay-ever	mpt status	✓ 501(c)(3) □ 501(c))(1) or 527			list (see instructions)		
J	Website		w.yesfundforkids.org	() 4 (misercino) () 4947/a	(1) OI 321	 -{	exemption i	-		
			Corporation Trust Associ	ation ☐ Other ►	L Year of form				AZ	
P	art I	Summ	ary					<u></u>		
	1	Briefly de	escribe the organization's mis-	sion or most significant acti	ivities: To in	nplement the	Arizona Pr	ivate School		
9	Ì	Tuition T	ax credit. We are dedicated to i	ncreasing the educational op	portunities fo	r "School Cho	ice" to fan	nilies by using tax		
Activities & Governance	j		fund private school tuition by			~~~~~~~~				
Ş.	2		is box ▶☐ if the organization	•	•	of more than	25,% of i	ts net assets.		
Ğ	3		of voting members of the gov				3		6	
φ <u>5</u>	4		of independent voting member			0)			0	
Ž	5		nber of individuals employed		·='		5		0	
Ę	6		nber of volunteers (estimate if	• •			6		0	
٩			elated business revenue from lated business taxable income		2		7a 7b		<u>0</u>	
_		INOL UITE	ated business taxable income	9 Ironi Forni 990-1, Iline 34		Prior Ye		Current Year		
_	8	Contribut	tions and grants (Part VIII, line	a 1h)			,336,735		73,410	
Revenue	9		service revenue (Part VIII, line	·-			0		0	
64	10	-	nt income (Part VIII, column (-			125		142	
Œ	11		renue (Part VIII, column (A), lin	•			0		0	
	12	Total reve	enue-add lines 8 through 11 (must equal Part VIII, column	(A), line 12)		,336,860	1,37	73,552	
		Grants ar	nd similar amounts paid (Part	IX, column (A), lines 1-3) .			,099,551	1,28	34,829	
			paid to or for members (Part I				0		0	
Š	l .		other compensation, employee		•	<u> </u>	0		0	
Expenses			nal fundraising fees (Part IX,			ļ	0		0	
잛	17	Other eve	draising expenses (Part IX, co	olumn (D); line 25) ►		<u> </u>	CO 400		70 050	
	17 18	Total exp	penses (Part IX, column (A), lir enses Add lines 13-ຊີ7 (mບູ່ຮູ້	nes i la=110, i ii-24e) .	 Ima 25)		69,438 1,168,989		72,859 57,685	
	19	Revenue	less expenses. Subtract line	18 from line 12	mn o 23) .	 	167,871		15.867	
- 8 - 8	·				<u> </u>	Beginning of Cu		End of Year		
野	20	Total ass	ets (Part.X, line 16) DEN,	<u>UI</u>			662,551	67	79,485	
2.5 2.00	21	Total liab	ilities (Part X, line 26)				0		0	
\$5		Net asset	ts or fund balances. Subtract	line 21 from line 20			662,551	67	79,485	
Pa	irt II	Signat	ure Block							
Une	der penal e, correct	ties of perjui	ry, I declare that I have examined this etc. Declaration of preparer fother that	return, including accompanying so inofficer) is based on all information	chedules and sta n of which prepa	tements, and to t rer has any know	he best of π ledge.	ny knowledge and be	lief, it is	
		1	AX 11 Fa	X MX			Non	14, 200	6	
Sig		Signa	ature of officer			Da	ite		_	
Here Strage R toels-Hunt Director										
			or print name and title	· .		D-4-		Torns		
Pa			pe preparer's name	Preparer's signature	1	Date	Check [☐ rf PTIN		
	pare	l					self-emp	ioyea		
Us	e Oni						n's EIN ▶			
May	the IR		ddress > s this return with the preparer	shown above? (see instruc	tions)	1 Pho	one no	□ Vec □	1No	



Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2015)

Form 99	0 (2015)				Page 2
Part		Service Accomplishments ntains a response or note to ar	y line in this Part III .		🗆
1	Briefly describe the organization We are dedicated to increasing	on's mission: the opportunites for children to re	ceive a quality education		ation of
	the provisions of the Arizona Pr	ivate School Tultion Tax Credit A.	7.S. 43-1089.		
2	prior Form 990 or 990-EZ? .	any significant program service	s during the year which		s 🗹 No
3	services?	conducting, or make significant	changes in how it c	onducts, any program	s 🗹 No
4	expenses. Section 501(c)(3) ar	es on Schedule O. ogram service accomplishments nd 501(c)(4) organizations are re ne, if any, for each program servi	quired to report the am	rgest program services, as me ount of grants and allocations	easured by s to others,
4a		\$ 1,357,685 including grar to school student applicants based			'
		chools in Arizona: Christ's Greent			
		Kingman), Gethsemane Lutheran S Christian (Mesa), Saint Francis of A			
		a), Yuma Adventist Christian (Yum			115tia[1
				,,	

	~~~~~~~				
	(O.d., \/E				<del></del>
4b	(Code:) (Expenses	\$including gran	nts of \$	) (Hevenue \$	)
		/ <u></u>			
		***************************************			
		·			
		·			
4c	(Code: ) (Expenses	\$ including gran	nts of \$	\ (Revenue \$	
	(	,g g.ca		/ (110101100 \$	· /
				1	
		,			
4d	Other program services (Descr (Expenses \$ in	ibe in Schedule O.)	) (Revenue \$	)	<del></del>
4e	Total program service expense		7 (1.000.100 \$	<del></del>	

Fart	Checklist of Required Schedules			,
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A	1	<b>✓</b>	ļ
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 candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
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,			
6	Part III	5	ļ	1
Ū	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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		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
	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		<b>√</b>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		<b>✓</b>
•	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		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

rait	Checklist of Required Schedules (Continued)			
20 ~	Did the organization operate one or more bospital facilities? # "Vos." complete School: In U.	00-	Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20a 20b		<b>√</b>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<b>-</b>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<b>✓</b>	<del></del>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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		<b>√</b>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 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, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	6-		1
38	Part VI	37	1	<u>*</u>
			n <b>990</b>	(2015

Part				_
	Check if Schedule O contains a response or note to any line in this Part V	· · ·		
1.	Enter the number reported in Day 2 of Faces 1000 Fates 0 15 and 1000		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	. {	l	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		l	
•	reportable gaming (gambling) winnings to prize winners?	٠, ١	l	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	ĺ		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	l	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)		$\neg$	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	- 1	<b>√</b> ^
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u>✓</u>
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	[	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- <u>-</u> -		. ,
	and services provided to the payor?	7a		
D D	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
•	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
	sponsoring organization have excess business holdings at any time during the year?	8		<u>/</u>
9	Sponsoring organizations maintaining donor advised funds.		-	1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
_ b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u>√</u>
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b Section 501(c)(12) organizations. Enter:			ı
''	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		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			
С	Enter the amount of reserves on hand			<del></del>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	. 000	(0015)
		For	n サザリ	(2015)

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	truct	ions.
Secti	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>		. 😢
0001	on A. Gotorning body and management	$\neg \neg$	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 6	-		ļ
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent .   Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ļ
_	any other officer, director, trustee, or key employee?	2		1
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		ļ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			1,
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		-
-	stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			<u> </u>
	the year by the following:			
а	The governing body?	8a	✓	ļ
þ	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		1
10-	Did the aggregication have local characters because of the control	40-	Yes	No /
10a b	Did the organization have local chapters, branches, or affiliates?	10a		-
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	├
12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		\ <u>'</u> -
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did 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?			
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		1
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Arizona  Section 6104 requires an arraying to realize the realizable 1000 (or 1004 if analizable) 2000 and 200 T/Section 1004 if analizable 1000 to 1004 if analizable 1004 if analizable 1000 to 1004 if analizable 100	- 5757	-V/0	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	c)(3)9	s only)
40	Own website Another's website Upon request Other (explain in Schedule O)			'
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Angela Hunt 4027 S. Navel Avenue, Yuma, AZ 85365 (928)314-0033	cords	: ▶	

Earm	OOO	(2015)	
COTH	990	(ZV 13)	

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

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

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 pers	ons.				,				, <b>,,</b>	,,
☐ Check this box if neither the organization no		d orga	aniz	atio	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related	(C) Position (do not check more box, unless person officer and a director					one an	(D) Reportable	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)		Institutional trustee		Key employee	Highest compensated employee		(W-2/1099-MISC)		organization and related organizations
(1) Angela Poels-Hunt	30			•		}				
Executive Director		✓				_	l	41,160	0	
(2) Rod Reed President	0	1					!	  o	o	•
(3) Rhoda Hernandez Vice President	0	1						0	0	
(4) Robin Laughlin Secretary	0	1						0	0	
(5) Tracy Waters	0		T	ļ	[					
Board Member (6) Greg Perry Board Member	0	1	-		-			0		
(7)		-		-	<del> </del>				-	
(8)	<b></b>				-					
(9)										-
(10)										
(11)										
(12)										
(13)	<b></b>									
(14)	ļ									

	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do x, office or directo	ot ch unles	Pos neck is pe	c) Ition more rson irect	than the state of	one ian	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fror related organizations (W-2/1099-MISC)	m :	(F) Estimate amount other impensa from thi rganizati and relati	of Ition e Ion ed
(15)				68			sated				-		
			ļ	_	_	_					<u> </u>		
		<u> </u>	<u></u>										
(17)		<del> </del>											
(18)													-
(19)			ļ	<del> </del>	$\vdash$						-		
		1		<u> </u>	$\vdash$			-	-		1	<del></del>	
			<u> </u>	_	_	_		-					· · · · · · · · · · · · · · · · · · ·
		<u></u>				ļ							
(22)													
(23)													
(24)											-		
(25)		<u> </u>					-	├			<del>   </del>		· · · · ·
1b	Sub-total		<u>L</u>	<u>.</u>		<u></u>	<u> </u>		41,160		0		0
c	Total from continuation sheets to Part	VII, Sectio	n A					•					
<u>d</u> 2	Total (add lines 1b and 1c)	t not limited	to th					<b>≥</b> e) w	/ho received m	<u> </u>	0  000 of		0
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	fficer, direc	tor, c									Ye	s No
4	For any individual listed on line 1a, is the organization and related organizations individual										uch	4	1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individ	- 1	5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
	(A) Name and business add	iress							(B) Description of s	services		(C) ensatio	n
							-						
								$\vdash$					
2	Total number of independent contractor received more than \$100,000 of compens							o th	hose listed ab	ove) who			
	<del></del>			<u> </u>		_						0	90 (2015

Par	t VIII		nto to omi. U	!_ # -!-	Dort VIII		
		Check if Schedule O contains a response or no		ne in this (A) revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इस	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0	!			
S, G	c	Fundraising events 1c	0				
Sift.	d	Related organizations 1d	0				
iğ, (	е	Government grants (contributions) 1e	0				
tion r.S	f	All other contributions, gifts, grants,					
ğ		and similar amounts not included above 1f 1,373	3,410				
E O	g	Noncash contributions included in lines 1a-1f: \$ 1,37	3,410				
<u>3 €</u>	h	Total. Add lines 1a-1f	<b>•</b>	1,373,410			
Program Service Revenue		Business C	ode		· ·		_
¥6	2a						<u> </u>
æ	b					<u> </u>	
Š	C						
3	d						
펿	8						
ībo.	f	All other program service revenue .				l	<u> </u>
<u>-</u>	g	Total. Add lines 2a–2f	<b>&gt;</b>	0			<del></del>
	3	Investment income (including dividends, inter					
	١.	and other similar amounts)		142			
	4	Income from investment of tax-exempt bond proceed	s •	0			
	5	Royalties	P	0			
						}	
	6a	Gross rents	<del></del>				ı
	b	Less: rental expenses					
	C	Rental income or (loss)	<del></del>			-	)
	d	Net rental income or (loss)	,	0			<del></del>
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory					(
	ь	Less: cost or other basis					1
		and sales expenses .					i
	C	Gain or (loss)	<del>_</del>				
	d	Net gain or (loss)	<b>P</b>	0			
. Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).		į			;
Other	ь	See Part IV, line 18 a  Less: direct expenses b					
		tion moving or (root) nominationing events	<b>•</b>	0			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses b					
	C	Net income or (loss) from gaming activities	<b>•</b>	Ô	-	\	1
	10a	Gross sales of inventory, less returns and allowances a					
	ь	Less: cost of goods sold b	$\overline{}$			1	,
		Net income or (loss) from sales of inventory	-	. 0		-	
	_ <u>~</u>	Miscellaneous Revenue Business C	<del></del>				<del></del>
	11a				-	*	-
	ь					<del>                                     </del>	<del> </del>
	c				<del></del>	1	<u> </u>
	d	All other revenue					
	е	Total. Add lines 11a-11d	<b>&gt;</b>	0			
	12	Total revenue. See instructions	<b>•</b>	1,373,552			
			<u>-</u>				Form <b>990</b> (2015)

	90 (2015)				Page 10
Pari					
Section	n 501(c)(3) and 501(c)(4) organizations must com				
Do no	Check if Schedule O contains a response include amounts reported on lines 6b, 7b,	Se or note to any lin		(C)	<u> U</u>
8b, 9t	, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,284,829	1,284,829		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7	Other salaries and wages	o	0	0	<del></del>
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	
9	Other employee benefits	0	0	0	
10	Payroll taxes	0	0	0	
11	Fees for services (non-employees):				
а	Management	41,160	41,160		
b	Legal	0	0		
C	Accounting	6,135	6,135		
d	Lobbying [	0	0		
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0		
12	Advertising and promotion	1,895	1,895		
13	Office expenses	1,610	1,610		
14	Information technology	763	763	<u></u>	
15	Royalties				
16	Occupancy				
17 18	Travel				
19	Conferences, conventions, and meetings .	265	265		
20	Interest				<del> </del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column	j			
	(A) amount, list line 24e expenses on Schedule O.)				
а	Merchant Service Credit Card Discount/Fees	21,028	21,028		
b					
C					
đ					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,357,685	1,357,685		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here    if following SOP 98-2 (ASC 958-720)				

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	tX		🗖
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	570,042	1	581,494
Į	2	Savings and temporary cash investments	92,509	2	92,555
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	5,436
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
Į		Complete Part II of Schedule L	0	5	. 0
ts	6	Loans and other 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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net		7	0
8	8	Inventories for sale or use		8	0
- (	9	Prepaid expenses and deferred charges		9	0
-	10a	Land, buildings, and equipment: cost or			<del></del>
}		other basis. Complete Part VI of Schedule D 10a 0			1
ĺ	b	Less: accumulated depreciation 10b 0		10c	0
}	11	Investments—publicly traded securities		11	
}	12	Investments—other securities. See Part IV, line 11		12	
ĺ	13	Investments program-related. See Part IV, line 11		13	
1	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)	662,551	16	679,485
	17	Accounts payable and accrued expenses		17	0
	18	Grants payable		18	
- [	19	Deferred revenue		19	
1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Sa	22	Loans and other payables to current and former officers, directors,	-		_
Liabilities		trustees, key employees, highest compensated employees, and			
寡		disqualified persons. Complete Part II of Schedule L	0	22	0
<u> </u>	23	Secured mortgages and notes payable to unrelated third parties		23	
- 1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
- (		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
S S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
5	27	Unrestricted net assets	494,681	27	663,618
멸	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
ŝ	30	Capital stock or trust principal, or current funds		30	_
88	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
AS	32	Retained earnings, endowment, accumulated income, or other funds .	167,870	32	15,867
ĕ	33	Total net assets or fund balances	662,551	33	679,485
_	34	Total liabilities and net assets/fund balances	662,551	34	679,485
		<del> </del>			Form <b>990</b> (2015

	W (2013)		Pa	ige I∠
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		1,37	3,552
2	Total expenses (must equal Part IX, column (A), line 25)		1,35	7,685
3	Revenue less expenses. Subtract line 2 from line 1		1	5,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		66	2,551
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			1,067
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		67	9,485
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		V
			Yes	No
1	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other	_		ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	,		
	Schedule O.		-	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<b>✓</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	<b>'</b>		F
	reviewed on a separate basis, consolidated basis, or both:		1	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
p	Were the organization's financial statements audited by an independent accountant?	2b	<b>✓</b>	<b>-</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	۱ ا		,
	separate basis, consolidated basis, or both:			
_	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		-	
С	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	1 .	,	
		2c	<b>/</b>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	'	1	,
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
Ja	the Single Audit Act and OMB Circular A-133?	'   3a		<b> </b>
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			<del></del>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	ļ	
			. 990	(2015)
		1 011		(E013)

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

**Public Charity Status and Public Support** 

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

2016

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization 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 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/8% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ь Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of isted in your governing support (see (described on lines 1-10 other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Pan	(Complete only if you checked the	e box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	
Sact	Part III. If the organization fails to ion A. Public Support	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2012	(h) 2012	(a) 0014	(d) 0015	(-) 0016	(6 T-1-1
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support					r	
Calen 7	dar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	<b>(b)</b> 2013	(c) 2014	( <b>d)</b> 2015	(e) 2016	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re				ear as a section	
	on C. Computation of Public Suppor					T	
14	Public support percentage for 2016 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2015 Sch 331/s% support test—2016. If the organi	zation did not	check the box	k on line 13, a	nd line 14 is 3		
b	box and <b>stop here</b> . The organization qua 331°a% support test—2015. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	a, and line 15	is 331/3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts	-and-circumst	ances" test, ch	neck this box	and <b>stop here</b>	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization of supported organization	tion meets th	e "facts-and-o	circumstances	" test, check	this box and	a, and line stop here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

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

Secti	on A. Public Support						· · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")	685,589	958,380	1,024,731	1,336,735	1,373,410	5,378,845
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the	1					
•	organization's tax-exempt purpose						<del></del>
3	Gross receipts from activities that are not an unrelated trade or business under section 513		Ì				
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						
	fumished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	685,589	958,380	1,024,731	1,336,735	1,373,410	5,378,845
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
_	· · · ·	<del></del>					
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						5,378,845
	on B. Total Support		# 1 0010	(10044	(20045	4 > 2040	
Calen 9	dar year (or fiscal year beginning in)  Amounts from line 6	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a	Gross income from interest, dividends,	685,589	958,380	1,024,731	1,336,735	1,373,410	5,378,845
, 00	payments received on securities loans, rents,			į		ļ	
	royalties and income from similar sources .	122	696	165	125	142	696
b	Unrelated business taxable income (less					_	
	section 511 taxes) from businesses			Į			
	acquired after June 30, 1975						
	Add lines 10a and 10b	122	142	165	125	142	696
11	Net income from unrelated business			Ì			
	activities not included in line 10b, whether or not the business is regularly carried on						
12	•					· · · · · · · · · · · · · · · · · · ·	
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)	Į l					
13	Total support. (Add lines 9, 10c, 11,						<del></del>
	and 12.)	685,711	958,522	1,024,896	1,336,860	1,373,552	5,379,541
14	First five years. If the Form 990 is for the				=		n 501(c)(3)
<u> </u>	organization, check this box and stop he			<del></del>		<u> </u>	· · P 📋
<u>5ecu</u> 15	on C. Computation of Public Support Public support percentage for 2016 (line to			2	·	15	99.98 %
16	Public support percentage for 2016 (line of Public support percentage from 2015 Sci		•	3, column (1))		16	99.98 %
	on D. Computation of Investment In			<del>· · · · · ·</del>	<del></del>	1 19	23.30 70
17	Investment income percentage for 2016 (			y line 13. colur	nn (f))	17	.0129 %
18	Investment income percentage from 2015	•	•			18	.0015 %
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box	and <b>stop here.</b>	The organization	on qualifies as a	a publicly supp	orted organizati	on . 🕨 🗸
b	331/s% support tests - 2015. If the organization						
	line 18 is not more than 331/3%, check this	_	<del>-</del>	' <del>-</del> '		-	_
20	Private foundation. If the organization di	id not check a	box on line 14,	19a, or 19b, o	heck this box	and see instru	ctions 🕨 🗌

### Part IV Supporting Organizations

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

Sect	ion A. All Supporting Organizations		T =	
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		-
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	-	-
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	_	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	-	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b	-	-
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

determine whether the organization had excess business holdings.)

10b

Pa	ne	. 5

Part	Supporting Organizations (continued)			
		<del></del>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a	-	- '
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	<u></u>
Secti	on B. Type I Supporting Organizations			
	Did the directors to store as a secret series of an arrange supported agreement on how the power to		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		,
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		,
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		1	1 2 2
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		_
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	-	
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instr	ıction	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			•
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ir	nstruc	tions).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За	1	-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		<u> </u>

Schedule		/r	000		$\Delta \Delta \Delta \Delta$	- 3	0040
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	ani	izations	90
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ	tru	st on Nov. 20, 1970 (exp	lain in Part VI). See tions A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$T^-$		
emergency temporary reduction (see instructions).	6	_	
7 Check here if the current year is the organization's first as a non-functional instructions).	ly in	tegrated Type III support	ing organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	rted		
3	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	-
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S.	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a	1			L
b				
c	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from	i		l İ
	Section D, line 7:			<u> </u>
<u>a</u>	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2016 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (F	chedule A (Form 990 or 990-EZ) 2016					
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)					
	***************************************					
	***************************************					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					

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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

	s Education Scholarship Fund for Kids, Inc.	· · · · · · · · · · · · · · · · · · ·	47-0896753
Pai			
	Complete if the organization answered '	'Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in donor advised
	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the benef	fit of the donor or donor advisor, or f	or any other purpose
	conferring impermissible private benefit?		· · · · · · · · · · Yes · No
Par	Conservation Easements.		les No
	Complete if the organization answered "	'Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., recreat		f a historically important land even
	Protection of natural habitat		f a nistorically important land area f a certified historic structure
	Preservation of open space	☐ Preservation o	a certified historic structure
2	Complete lines 2a through 2d if the organization he	ald a gualified concentration contribution	on in the form of a consequence
_	easement on the last day of the tax year.	ad a qualified conservation contribution	Held at the End of the Tax Year
_	Total a sale of the sale		<u> </u>
a			
b	Total acreage restricted by conservation easement		
c	Number of conservation easements on a certified h		
d	Number of conservation easements included in		
_	_		
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terr	ninated by the organization during the
	tax year >		
4	Number of states where property subject to conser		
5	Does the organization have a written policy reg		
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect	ting, handling of violations, and enforcing	conservation easements during the year
			
7	Amount of expenses incurred in monitoring, inspectin	g, handling of violations, and enforcing	conservation easements during the year
	▶ \$		
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		· · · · · · · □ Yes □ No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue	and expense statement, and
	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	III Organizations Maintaining Collections	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered '		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the fe		
ь	If the organization elected, as permitted under S		
-	works of art, historical treasures, or other similar		
	public service, provide the following amounts relati		
	(i) Revenue included on Form 990 Part VIII line 1		▶ ¢
	(ii) Assets included in Form 990, Part X		• \$
2	If the organization received or held words of and	historical transpures or other similar	· · · · · · · · · · · · · ·
~	If the organization received or held works of art, following amounts required to be reported under S		— · ·
	following amounts required to be reported under S		
a	Revenue included on Form 990, Part VIII, line 1 .		> \$
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	▶ \$

	e D (Form 990) 2016							· · · · · · · · · · · · · · · · · · ·	Page 2
Part 3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth	ner recor	oncal Tr ds, check	any of the	e followi	ing that are a	significant us	e of its
а	☐ Public exhibition				r exchang				
	☐ Scholarly research		е [Other					
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections a	nd expla	in how the	ey further	the orga	anization's exe	empt purpose	in Part
5	During the year, did the organization sassets to be sold to raise funds rather t								□ N-
Part			illed as b	art Or trie	Organizati	OIT'S COI	lection? .	· U Yes	<u> </u>
	Complete if the organization a 990, Part X, line 21.	answered "Yes"							orm
1a	Is the organization an agent, trustee,							not	
	included on Form 990, Part X?							· 🗌 Yes	☐ No
b	If "Yes," explain the arrangement in Par	rt XIII and comple	te the fol	lowing tal	ble:				
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f	1		
2a									∐ No
	If "Yes," explain the arrangement in Pa	rt XIII. Check here	e if the ex	planation	has been	provide	d on Part XIII	<u> </u>	<u> </u>
Par				000 D		- 10			
	Complete if the organization	(a) Current year	(b) Pno		(c) Two year		(d) Three years ba	ick (e) Four yea	re back
٠.	P	(a) Current year	(0) PIK	и уеаг	(C) I WO year	5 Dack	(u) Three years be	(e) i oui yea	- Dack
	Beginning of year balance								
	Contributions			+					
С	Net investment earnings, gains, and losses			,					
	Grants or scholarships								
е	Other expenditures for facilities and			i		1			
	programs								
f	Administrative expenses						 · · · · -		
9	End of year balance			<u></u>					
2	Provide the estimated percentage of the			e (line 1g,	column (a	ı)) neid a	ıs:		
a	Board designated or quasi-endowmen		%						
b	Permanent endowment	%							
С	Temporarily restricted endowment ► The percentages on lines 2a, 2b, and 2	%	00%						
30	Are there endowment funds not in the			zation tha	t are held	and adr	ministered for	the	
Ja	organization by:	possession or tr	ie organi	Lation tha	t are note	Q10 Q01	ininotorou tor		s No
	(i) unrelated organizations							. (3a(i)	110
	(ii) related organizations							. 3a(ii)	+
h	If "Yes" on line 3a(ii), are the related or							. 3b	
4	Describe in Part XIII the intended uses								
Part	VI Land, Buildings, and Equip	ment.				···			
	Complete if the organization		on For	m 990, P	art IV, lin	e 11a. S	See Form 99	0, Part X, line	e 10.
	Description of property	(a) Cost or of (investm	her basis	(b) Cost or	r other basis her)	(c) /	Accumulated preciation	(d) Book va	
1a	Land								
b	Buildings					L			

c Leasehold improvements . . . d Equipment

e Other . . .

	Investments — Other Securities. Complete if the organization answered "Yes" on For	m 990. Part IV. line	e 11b. See Form 990 Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives		
(2) Closely-l	neld equity interests		
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
· \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		
Part VIII	Investments — Program Related. Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 13.) ▶		
Part IX	Other Assets.		· · · · · · · · · · · · · · · · · · ·
	Complete if the organization answered "Yes" on For	m 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
	(a) Description	···	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			· · · · · · · · · · · · · · · · · · ·
(7)			
<u> </u>			
(8)			
(8) (9) Fotal. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 15.)		
(9)	Other Liabilities. Complete if the organization answered "Yes" on For		
(9) Fotal. <i>(Colui</i> Part X	Other Liabilities.		
(9) Fotal. (Colui Part X	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		
(9) Fotal. (Column Part X I. (1) Federal in (2)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		
Part X (1) Federal in (2) (3)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		
Part X 1. (1) Federal in (2) (3) (4)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		<u></u>
(9) Fotal. (Column Part X (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answered "Yes" on For line 25. (a) Description of liability (b) Book value		

Part XI	Form 990) 2016 Reconciliation of Revenue per Audited Financial Statements \	With Povenue per	Deturn	Page 4
Tart XI	Complete if the organization answered "Yes" on Form 990, Part I		notuiii.	
1 To	tal revenue, gains, and other support per audited financial statements		1	1,373,552
	nounts included on line 1 but not on Form 990, Part VIII, line 12:			.,,,,,,,,
	t unrealized gains (losses) on investments			
b Do	nated services and use of facilities		1	
c Re	coveries of prior year grants		1	
	ner (Describe in Part XIII.)		1	
e Ad	d lines 2a through 2d		2e	
3 Su	btract line 2e from line 1		3	1,373,552
4 Am	nounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Inv	estment expenses not included on Form 990, Part VIII, line 7b 4a		1	
b Ott	ner (Describe in Part XIII.)]	
	d lines 4a and 4b		4c	
5 To	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,373,552
Part XII			er Return	•
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.		
	tal expenses and losses per audited financial statements		1	1,357,685
2 Am	nounts included on line 1 but not on Form 990, Part IX, line 25:			
a Do	nated services and use of facilities	<u> </u>		
	or year adjustments		1	
	ner losses	·] [
	ner (Describe in Part XIII.)		1	
	d lines 2a through 2d		2e	
	btract line 2e from line 1		3	1,357,685
	nounts included on Form 990, Part IX, line 25, but not on line 1:		<u> </u>	
	estment expenses not included on Form 990, Part VIII, line 7b 4a	 	4 1	
	ner (Describe in Part XIII.)		J	
	d lines 4a and 4b		4c	
	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	<u> </u>	5	1,357,685
	e descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P			
2; Part XI,	lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional ir	ntormation.	·
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Schedule D (Fo	rm 990) 2016	Page 5
Part XIII	Supplemental Information (continued)	

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SCHEDULE I (Form 990)

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

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

OMB No 1545-0047

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection 2016

Department of the Treasury Internal Revenue Service		▼ Infor	mation about Sche	► Attach to Form 990. Jule I (Form 990) and its instru	Form 990. Id its instructions i	Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	n990.	Open to Fubl	Open to Public Inspection
Name of the organization								Employer identification number	ber
Yuma's Education Scholarship Fund for Kids, Inc.	arship Fund fo	r Kids, Inc.						47-0986753	
Part General li	nformation	General Information on Grants and Assi	Assistance						
1 Does the organize the selection critical Describe in Dark	zation maintai teria used to a	Does the organization maintain records to substantiate the arms the selection criteria used to award the grants or assistance?	stantiate the amou or assistance?	ate the amount of the grants or assistance, the grantees sistance?	assistance, the g	rantees' eligibility fo	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	ance, and ☑ Yes	%
TI DESC	nd Other Ass IV, line 21, fo	Grants and Other Assistance to Domes 990, Part IV, line 21, for any recipient that	mestic Organization that received me	ations and Dom	lestic Governm Part II can be d	nents. Complete if uplicated if additic	tic Organizations and Domestic Governments. Complete if the organization ans received more than \$5,000. Part II can be duplicated if additional space is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	orm
1 (a) Name and address of organization or government	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	grant
(1)									
(2)									
(6)									
(4)									
(5)									
(9)									
ω									
(8)									
(6)									
(10)									;
(11)									
(12)									
2 Enter total numb 3 Enter total numb	per of section ber of other or	Enter total number of section 501(c)(3) and governm Enter total number of other organizations listed in th	Enter total number of section 501(c)(3) and government organizat Enter total number of other organizations listed in the line 1 table	ent organizations listed in the line 1 table e line 1 table	ine 1 table			A •	
For Paperwork Reduction Act Notice, see the Instructions for	n Act Notice, s	ee the Instruction	s for Form 990.		Ö	Cat No. 50055P		Schedule I (Form 990) (2016)	n 990) (2016)

Schedule I (Form 990) (2016)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 scholarships issued to Calvary Baptist School	30	26,356			
2 scholarships to Emmanuel Christian Academy	14	13,570			
3 Scholarships to Gethsemane Lutheran School	2	3,768			
4 Scholarships to Hand in Hand Christian School	13	9,426			
5 Scholarships to Immaculate Conception School	84	92,554			
6 Scholarships to Northwest Christian School	8	6,144			
7 Scholarships to Christ's Greenfield Lutheran	-	2,029			
Part IV Supplemental Information. Provide the inf	the information r	equired in Part I, line	32; Part III, column	formation required in Part I, line 2; Part III, column (b); and any other additional information.	onal information.

dependents on the 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 board approval, the scholarships are issued to the qualified private schools in Arizona. The school is informed by letter that they may not receive an amount per student (from all tutton organizations) in excess of the total tuition due for each school year. In the event an excess tuition amount is received by the school, then they are instructed to return the excess funds parent must re-apply each school year. The Yuma's Education Scholarship Fund bcard of directors reviews the application and awards scholarhips based on financial need. Upon Student scholarship 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 to the school tuttion organization. The application is available on our website.

SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Yuma's Education Scholarship Fund for Kids, Inc.

Continuation Sheet for Schedule I (Form 990)

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

0896753 47

(h) Purpose of grant or assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization (b) EIN (c) IRC section if applicable or government (c) EIN (d) Amount of cash grant (e) Amount of cash grant (f) Method of valuation or government (f) Method of valuation or government (f) EIN (f) Amount of cash grant

Cat No 51026W For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) -2009-

Page 2

Schedule I-1 (Form 990) 2008 - 2016

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	Assistance to Ir	dividuals in the U	nited States (Sche	dule I (Form 990), Part	III.)
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Scholarships to Saint Francis School	111	130,835			
Scholarships to Southwestern Christian School	136	219,479			
Scholarships to Redeemer Christian School	-	1,154			
Scholarships to Yuma Catholic High School	264	373,549			
Scholarships to Yuma Lutheran School	224	380,282			
Scholarships to Yuma Adventist Christian School	23	13,220			
Scholarships to Saint Jerome School	7	7,669			
Scholarships to The Learning Pad	4	4,125			
Scholarships to Verde Valley School	-	1,511			
Prior Year Scholarship returned by Joy Christian	٦	-842			
					Schedule I-1 (Form 990) 2009

SCHEDULE L '(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047 2016

Department of the Treasury

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

(9) (10)

Mema résta de Service	► Informatio	n about	Schedule L (For	m 990	or 990-EZ	and its instr	uction					ispect	ion	
Name of the organization								Em	nployer ide					
Yuma's Education Sc				/ · \/O\		504()(4)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			08967	<u>53</u>		
Part I Excess Comple	te if the organ	saction ization	s (section 501 answered "Ye	(c)(3), s" on	Section : Form 99	501(c)(4), a 0, Part IV, li	nd 50 ine 25	11(c)(29) orga 5a or 25b, or	enizations Form 99	₃ only) 0-EZ,	Part	V, line	40b.	
1 (a) Name of disc	usified names		(b) Relationship be	tween	disqualified	person and	l	(a) Dagge					(d) Con	rected?
(a) Name of disq	jualilled person			organız	ation		İ	(C) Desch	iption of tra	nsacuo	13		Yes	No
(1)														
(2)														
(3)														
(4)			·				L							L
(5)							<u> </u>						L	Í
(6)							L						L	L
			by the organ								ar			
under section											S \$	<u>:</u>		
3 Enter the amo	ount of tax, if	any, on	line 2, above,	reimb	oursed by	the organi	izatio	n			▶ \$	·		
Dort II Lann 4		1-1												
			ested Person answered "Ye		Form 99	0_F7_Part	V line	38a or Form	n 990 P	art IV	line 2	96. or	if the	
organiza	ation reported	an amo	ount on Form 9	990. F	Part X. lin	e 5. 6. or 2	v, iii ie 2.	304 01 1 011	11 330 , F	21 t 1V,	III 1 C Z	.0, 01 1	.1 1110	
	i			r ·		Τ			 1		$\overline{}$			
(a) Name of interested p		tionship anization	(c) Purpose of loan		oan to or om the	(e) Ongir principal ari		(f) Balance d	lue (g) in	default?				ntten
	Will Gra	BIIZAGOTI	IOan		inization?	principal air	lount	1		by board or committee?				
	ł			То	From	1		1	Yes	No	Yes	No	Yes	No
(1)					1.0					+	1.00	+	100	
(2)			· · · · · · · · · · · · · · · · · · ·	1						†	+	†		
(3)						1				+	\vdash	T		
(4)												T		
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						<u> </u>	.▶	\$	<u> </u>		<u> </u>		<u></u>	¢
Part III Grants	or Assistance	e Benei	fiting Interest	ed Pe	ersons.			_						
Comple	te if the organ	ization	answered "Ye	s" on	Form 99	U, Part IV, I	ine 2	<u>/</u>						
(a) Name of interested	d person (b)		ship between inter and the organization		(c) Amoun	t of assistance		(d) Type of assis	stance	(6) Purpo	ose of a	ıssıstan	iC O
(1) Braden Hunt	Dir	ectors s	on			3,750	scho	larship		tuitio	on_			
(2) Andrew Perry	Во	ard men	nbers son					larship		tuitio	on			
(3) Nicole Perry	Bos	ard men	nbers daughter					larship		tuitio	on			
(4) Madeline Waters	s Bo	ard men	nbers daughter			5,400	scho	larship		tuitio	on			
(5)														
(6)														
(7)														
(8)					1		I							

Part IV	Business Transactions Invo Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 28a,	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	ļ	zation's nues?
(4)					Yes	No
(1) (2) (3) (4) (5)						
(3)				 		├
(4)						
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(6) (7)						ļ
(8)		- 				├
(9)					<u> </u>	
(10)					<u> </u>	
Part V	Supplemental Information Provide additional information	n for responses to questions	on Schedule L (see	e instructions).		
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SCHEDULE O `(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Employer identification number

Name of the organization	Employer identification number
Yuma's Education Scholarship Fund for Kids, Inc.	47-0896753
Part VI Section A Line 8a:	
The board secretary documents each monthly meeting.	
Part VI Section B Line 11a:	
Form 990 and all supporting schedules were completed by the Executive Director and the provided to	the President of the organization
for review. All financial information used to complete the Form 990 is reviewed each month by the boar	rd members at the monthly meeting.
Part VI Section B Line 14:	
Documents related to scholarship applicants, banking statements, and donations for the organization	will be retained for seven years.
and then shredded. All financials, and state and federal tax related documents are being retained since	e inception of the organization.
Part VI Section B Line 15a:	
The board established a compensation plan for the Executive Director during the monthly board meeti	ng held in August 2008. Each
month a percentage of the total donations for the month is calculated and then paid to the Executive D	irector, who is considered an
independent contractor. At the end of the calendar year, a form 1099 is the issued for all money paid.	
independent contractor. At the child of the calculate year, a form 1000 to the issued for all money paid.	
Part VI Section C Line 19:	
Fait VI Section C Line 13.	
The organization keeps all governing documents, policies, and financial statements at the address on	Navel Avenue in Yuma, Arizona.
Doguest by the public to see any of these desuments would first be taken by the Evecutive Director to	the board for advicement, and then
Request by the public to see any of these documents would first be taken by the Executive Director to	the board for advisement and then
made available in paper form.	
·	
Part XII Line 2c:	
Legislation requires that we have our financial statements audited by an independent Certified Public	Accountant each year. The process is
overseen by the Executive Director and President of our organization.	

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number