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		•	Return c	f Organiz	ation F	cempt From	Inco	nme Ta	v 1	OMB No 1	545-0047
For	, 9 5	U		_		-					10
(Rev	January 2	2020)	Under section 501(c),	527, or 4947(a)(1) of the Inte	mal Revenue Code	(excep	t private fou	ndations)	20	19_
	artment of t	he Treasury e Service			-	on this form as it m ructions and the la	-	-	2006	Open to Inspec	
Ā	For the 2	019 calend	dar year, or tax year be	eginning	July 1	, 2019, and e	ndıng	June		, 20 20	
В	Check if ap	oplicable	C Name of organization	uma's Educatio	n Scholarsh	ip Fund for Kids, I	nc.		D Employe	er identification	on number
	Address cl	hange	Doing business as							47-0896753	·
	Name cha	nge	Number and street (or F	O box if mail is n	ot delivered to	street address)	Roor	n/suite	E Telephon	e number	
	Initial retur	n	340 West 32nd Street					#403	(928)314-003	3
	Final return	/terminated	City or town, state or pi	rovince, country, ar	nd ZIP or foreig	n postal code					
	Amended	return	Yuma, Arizona 85364						G Gross re	ceipts \$	1,354,397
	Application	n pending	F Name and address of pr	incipal officer Ang	gela Poels-H	unt		H(a) Is this a gr	oup return for su	ubordinates? 🔲	Yes 🗹 No
			4027 South Navel Avn	ue, Yuma, Arizo	ona 85365		_02	H(b) Are all s	ubordinates	ıncluded? 🔲	Yes 🗌 No
<u></u>	Tax-exemp	ot status	501(c)(3) 50	1(c) () ◀ (II	nsert no)	4947(a)(1) or5	527 U	If "No,"	attach a list	(see instruction	ns)
<u>_</u> _	Website:	▶ www.ye	sfundforkids.org			<u> </u>		H(c) Group e	xemption nu	mber ▶	
			Corporation Trust	Association	Other ►	L Year of	formation	2003	M State of	legal domicile	AZ
P	art I	Summa	-	<u></u> _		<u> </u>					
		-	cribe the organization		•						
ည	<u> </u>	ax Credit.	We are dedicated to in	creasing the ec	lucational o	oportunities for "So	chool C	hoice" for fa	milies by	using tax do	ollars
Ŧ.			ate school tuition by r								
ķ			box ► ☐ If the organ				sed of	more than		net assets	š.
Ö			voting members of t				• • •		3		5
୍ଦୁ ଫୁ	l		independent voting i			- 1	•		4		0
ìţie	l		per of individuals emp	•	•				5		0
Activities & Governance			per of volunteers (esti						6		0
⋖			ated business revenu		•	• •			7a		0
	<u> </u>	let unrelat	ted business taxable	income from F	orm 990-1,	ine 39		 Dwar Van	7b	0	0
			us and supple (Dart)	/// l.m.a. 451				Prior Yea		Current \	
g	l		ons and grants (Part \		•		•		818,698		1,354,222
Revenue	ı	-	ervice revenue (Part \		 2.4 apd 7/		-		0		0
æ	ı		t income (Part VIII, co			•	-		226		175
	l		nue (Part VIII, column ue—add lines 8 throu				₃ , ⊢		0		1 254 207
			I similar amounts paid	 			2)		818,924 549,978		1,354,3 <u>97</u> 1,390,137
	l		aid to or for members	,	· · ·	•	•		0		1,390,137
	ı	•	her compensation, em	•		•	<u>ار</u> ا		0		
Expenses	ı		al fundraising fees (P				" ⊢				<u>`</u>
pen	ı		aising expenses (Par				41				<u></u>
ñ			enses (Part IX, column				``~ 	DECF	98/168		92,620
	18 T	otal exper	nses. Add lines 13-1	7 (must edual f	FrixOcZin	20,2(A), (Infe25)	1		648,146	78	1,482,757
	19 R	levenue le	ess expenses. Subtra	ct line 18 from	line 12 .	\mathcal{S}^{\prime}		1	170,778 20	101	-128,360
o ses		··					Beg	Jinning Okura		Eig of A	
Net Assets or Fund Balances	20 T	otal asset	s (Part X, line 16)		GDEN	, 01	. <u> </u> क्रि		736,972		608,614
AB	21 T		ties (Part X, line 26) .					000	ENIOU	7	
52	22 N	let assets	or fund balances. Su	ibtract line 21 f	rom line 20			080	736,972		608,614
	rt II	Signatu	re Block				-				
Une	der penaltie e, correct, a	es of perjury, and complete	declare that I have exame Declaration of preparer (ined this return, income ther than officer) is	cluding accomp s based on all i	panying schedules and information of which pr	l stateme eparer ha	nts, and to the	best of my	knowledge an	nd belief, it is
Sig	.n	Sanar	are of officer	DV -	_			Date			
He		Signatu A	ndela K Pa	ods-Aur	J I	Director			Voven	1 men	3,2020
		Type or	r print name and title								
Pa	id	Print/Type	preparer's name	Prepare	er's signature		Date		Check _		
	eparer								self-employ	ed	
	e Only	Firm's nam	ne 🕨					Firm's	EIN ►		
		Firm's add						Phone	e no		
May	the IRS	discuss t	his return with the pr	eparer shown a	above? (see	instructions)	· · ·	<u> </u>		Yes	
For	Paperwo	rk Reducti	ion Act Notice, see the	separate instru	uctions.		Cat No	11282Y		Form	990 (2019)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
<u> </u>	Briefly describe the organization's mission:
1	We are dedicated to increasing the opportunities for children to receive a quality education through the efficient implementation of the provisions of the Arizona Private School Tuition Tax Credit A.R.S. 43-1089.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 854,082 including grants of \$ 799,282) (Revenue \$ 801,117) Individual Original Tax Credit tuition scholarships awarded to students attending qualified private schools in Arizona including: Emmanuel Christian Academy (Kingman) Freedom Baptist Academy (Yuma), Hand in Hand Christian School (Yuma), The Learning Pad (Yuma), Yuma Christian Academy (Yuma), Immaculate Conception School (Yuma), Saint Francis of Assisi (Yuma), Southwestern Christian School (Yuma), Yuma Catholic High School (Yuma), Yuma Lutheran School (Yuma)
4b	(Code) (Expenses \$ 588,534 including grants of \$ 551,734) (Revenue \$ 538,105) Individual Switcher(Overflow) Tax Credit tuition scholarships awarded to students attending qualified private schools in Arizona including: Bougade Catholic High School (Phoenix), Freedom Baptist School (Yuma), Hand in Hand Christian School (Yuma), The Learning Pad (Yuma), Yuma Christian Academy (Yuma),
	Immaculate Conception School (Yuma), Saint Francis of Assisi (Yuma), Southwestern Christian School (Yuma), Yuma Catholic High School (Yuma), Yuma Luteran School (Yuma)
4c	(Code:) (Expenses \$ 41,871 including grants of \$ 40,851) (Revenue \$ 15,000) Low Income Corporate Tax Credit tuition scholarships awarded to students to students attending qualified private schools in Arizona including: The Learning Pad (Yuma), Yuma Christian Academy (Yuma), Immaculate Conception School (Yuma), Saint Francis of Assisi (Yuma) Southwestern Christian School (Yuma), Yuma Catholic High School (Yuma)
4d	Other program services (Describe on Schedule O.) (Expenses \$ -1,730 including grants of \$ -1,730) (Revenue \$ 0)
4e	(Expenses \$1,730 including grants of \$1,730) (Revenue \$0) Total program service expenses ▶ 1,482,757

ALOL

²art	V Checklist of Required Schedules		1	
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		√
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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, Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		✓_
	complete Schedule D, Part III	8		✓
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 donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		√
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
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		✓
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		✓
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓_
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		✓
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		✓
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		√
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		✓
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		√
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓

Part	Checklist of Required Schedules (continued)							
			Yes	No				
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	1					
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	23						
_	\$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				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		✓				
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1				
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	√					
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .	28b		✓				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓				
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? <i>If "Yes," complete Schedule R, Part I</i>	33		✓				
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b						
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		1				
37								
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38_	✓					
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c						

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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		_
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
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	<u> </u>		
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
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		√
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 7h		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u> /n</u>		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		1
9	sponsoring organization have excess business holdings at any time during the year?	<u> </u>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		$\overline{}$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter			•
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	i .		
11	Section 501(c)(12) organizations. Enter	ĺ		
а				
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	į į		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓_
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		1
	excess parachute payment(s) during the year?	13		_
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u> </u>
16	If "Yes," complete Form 4720, Schedule O.			

Part	VI . Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
•	Check if Schedule O contains a response or note to any line in this Part VI			✓
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	į		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O			
b	Enter the number of voting members included on line 1a, above, who are independent . 1b			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Í		
-	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓_	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	✓	
14	Did the organization have a written document retention and destruction policy?	14	✓	
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?		<u> </u>	
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		-	[
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		—
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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.			olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and re-			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

☐ Check this box if neither the organization nor	r any relate	d org	anız	atic	n c	ompe	ensa	ated any current	officer, director,	or trustee.
				((C)					
(A)	(B)	Position (do not check more than one box, unless person is both an						(D)	(E)	(F)
Name and title	Average							Reportable	Reportable	Estimated amount
	hours	office	er and			or/trus		compensation	compensation	of other
	per week (list any	익둜	يّ	ð	<u>۲</u>	en F	7	from the organization	from related organizations	compensation from the
	hours for	호호	ŧ	Officer	ě.	탕햻	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	cto	ğ		륗	ye st	ੈ			related organizations
	organizations below	ੇ ਛੂੰ	al tr		Key employee	ğ				
	dotted line)	Individual trustee or director	Institutional trustee		"	Highest compensated employee				
			ď			ated		j		
(1) Angela Poels-Hunt	30									
Executive Director		✓						41,205	_ 0	
(2) Gregory Perry	0									
President		✓			_		<u> </u>	0	0	
(3) Teresa Waters	0		ŀ							
Vice Prsident		✓						0	_0	(
(4) Kristina Hughes	1									
Secretary		✓	_				<u> </u>	0	0	(
(5) Jennifer Dominguez	0									
Board Member		✓	_					0	0	
(6)	 									
(7)										
(8)			-							
(9)										
440			_			<u> </u>				
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VI Section A. Officers, Directors,	Trustees,	Key I	Em			s, an	d F	lighest Compe	nsated	Emplo	yees (co	ntinued)
•					•	C) sition						-	_
	(A) (B) Name and title Average					more	e than o		(D)	(E)			F) d amount
	Name and title					is both or/trust		Reportable compensation	Report compens		ther		
		per week		_		$\overline{}$			from the organization	from re organiza		compe	nsation
		(list any hours for	divid	stitu	Officer	y e	ghes	Former	(W-2/1099-MISC)	(W-2/1099		organiza	ition and
		related organizations	Individual trustee or director	Institutional trustee		Key employee	/ee					related org	janizations
		below	l Ist	ā		yee	mpe						
		dotted line)	8	stee			Highest compensated employee						
		<u></u>				ļ	8	<u> </u>					
(15)													
(16)			 -	-		\vdash						_	
3.197		†											
(17)													
	<u> </u>									_			
(18)		ļ											
		<u> </u>				<u> </u>							
(19)													
(20)						├	-						
120)													
(21)													
2			l										
(22)													
				_	L_								
(23)]										
(0.4)					<u> </u>	\vdash				-	-		
(24)			}										
(25)													
3		†											
1b	Subtotal								41,205		0	-	0
С	Total from continuation sheets to Part					-		>					
<u>d</u>	Total (add lines 1b and 1c)	· _ ·		•				<u> </u>	41,205		0		
2	Total number of individuals (including bu		to tr	ose	list	ted	above	e) w		e than \$1	00,000	ot	
	reportable compensation from the organ	ization	_						0				res No
3	Did the organization list any former	officer dire	ector	tru	ste	ا م	ev e	mnl	lovee or highes	st compe	nsated		
•	employee on line 1a? If "Yes," complete							۲				3	✓
4	For any individual listed on line 1a, is the							n a	and other compe	nsation fr	om the		
	organization and related organizations	greater th	an \$	150,	000)? /	f "Ye	s, "	complete Sched	dule J fo	r such		
	ındıvıdual			٠	•		•	•				4	<u>√</u>
5	Did any person listed on line 1a receive of										dividual		
Conti	for services rendered to the organization on B. Independent Contractors	? If "Yes," C	ompi	ete	Scr	теа	JIE J 1	or s	sucn person .	• •	•	5	✓
1	Complete this table for your five high	noet comp	oneat		ındı	000	ndent		ontractore that r	ecewed	more t	han \$10	n nnn - at
'	compensation from the organization. Rep												
	(A)	<u> </u>						, , <u>, , , , , , , , , , , , , , , , , </u>	(B)		3	(C)	<u>,</u>
	Name and business add	dress							Description of sen	rices	(Compensat	ion
		·						<u> </u>					
								-					_
	Taket someboo of made and all the second	المنامين المسم		.4	-+	lum- ·	ا اما		ممم المهما ما	- طيد اه			
2	Total number of independent contractor received more than \$100,000 of compens							יוז כ	iose listed abov	e) who			
	received more than \$100,000 of compens	audi IIOIII	i ie oi	yan	ızal								

Par	t VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Check if Schedule	O cc	ntains a re	espor	ise or note to an			· · · · ·	· · · <u>· </u>			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaig			1a	0				, ,			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		•	1b	0	 						
S, C	C	Fundraising events			1c	Ú							
Sift Jar	d	Related organizatio			1d	0							
imi	e	Government grants	•		<u>1e</u>	0							
rior S	f	All other contribution and similar amounts no			1f	1 254 222				ی ا ر			
혈	g	Noncash contribution			 '''	1,354,222				, , ,			
d d	lines 1a–1f 1g				\$ 0								
g g	h	Total. Add lines 1a-				>	1,354,222						
		· -	•	<u> </u>		Business Code							
<u>8</u>	2a												
e Z	b												
en S	С												
gram Ser Revenue	d								<u> </u>				
Program Service Revenue		A11 11											
<u>a</u>	1 7	All other program so Total. Add lines 2a-			•		<u>-</u>						
	g	Investment income		· · ·			0						
	3	other similar amoun	-	-			175						
	4	Income from investr	•				0						
	5		s <u></u> <u></u>			▶			_ 				
		•		(ı) Rea		(II) Personal							
	6a	Gross rents .	6a				l						
	b	Less rental expenses											
	С	Rental income or (loss)											
	d	Net rental income o	r (los	T'	<u> </u>	.	0						
	7a	Gross amount from		(ı) Securi	lies ———	(II) Other							
		sales of assets	7-										
41		other than inventory	7a_	<u> </u>									
nue	6	Less. cost or other basis and sales expenses	7b										
eve	С	Gain or (loss) .	7c		_		·						
Ř	d	Net gain or (loss)	-			•	0						
ther Revenue	8a	Gross income from	m fu	ndraising									
ō		events (not including	\$										
		of contributions rej		d on line									
		1¢). See Part IV, line			_8a								
		Less: direct expens			_8b	<u> </u>			 -				
		Net income or (loss)	-		g eve	nts . ▶	0						
	9a	Gross income factivities. See Part I			9a								
	b	Less: direct expens			9b					ļ			
		Net income or (loss)				<u> </u>							
		Gross sales of in		•			<u>-</u>						
1		returns and allowan			10a			Ì					
		Less: cost of goods			10b								
	С	Net income or (loss)) from	sales of ir	vento	ory ►	0						
Su						Business Code							
ē e	11a												
scellaneo Revenue	b												
Miscellaneous Revenue	d C	All other revenue			-			_ _					
Ž		Total. Add lines 11a	 a_11d			•	0			<u> </u>			
					·		1 354 397						

Part IX. Statement of Functional Expenses

Séctic	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	mn (A)
	Check if Schedule O contains a response	or note to any line	in this Part IX .	<u> </u>	<u>. </u>
	et include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic		h		
	ındıvıduals. See Part IV, line 22	1,390,137	1,390,137		
3	Grants and other assistance to foreign'				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	0	0	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).			0	0
7	Other salaries and wages	. 0	0	0	
7 8	Pension plan accruals and contributions (include	<u>_</u>		- 4	
o	section 401(k) and 403(b) employer contributions)	٥	o	o	0
9	Other employee benefits	0	0	0	
10	Payroll taxes	0		0	0
11	Fees for services (nonemployees):			<u></u>	.
a	Management	41,205	18,542	4,121	18,542
b	Legal	,			
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	7,789			7,789
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	7,426	3,341	744	3,341
13	Office expenses	2,747	1,236	275	1,236
14	Information technology				
15	Royalties				
16	Occupancy	9,160	4,122	916	4,122
17	Travel	216	0	216	0
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	230	0	230	0
20	Interest				
21	Payments to affiliates			-	•
22	Depreciation, depletion, and amortization .			4 0.0	
23	Insurance	1,810	0	1,810	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e exponses on Schedule O.)				
a	Merchant Service Fees	22,037	0	22,037	0
b		_			
C					-
d	All other expenses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	4 400 757	4 447 270	20.240	35,030
25 26	Joint costs. Complete this line only if the	1,482,757	1,417,378	30,349	
20	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	•		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	644,277	1	515,874
	2	Savings and temporary cash investments	92,694		92,740
Assets	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or formor officer, director,			•
		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .	0		0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
Ä	9	Prepaid expenses and deferred charges		9	0
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 0			
	ь	Less: accumulated depreciation 10b 0	0	10c	
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	<u> </u>	12	0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	0		0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	736,972	16	608,614
	17	Accounts payable and accrued expenses	0		0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
į	00		0		0
_	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0		0
		· ·			
	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	0	-	0
	26	Total liabilities. Add lines 17 through 25		26	0
Sec		Organizations that follow FASB ASC 958, check here ▶ ☐ and complete lines 27, 28, 32, and 33.			
Ē	27	Net assets without donor restrictions	77,858	27	77,989
ä	28	Net assets with donor restrictions	659,114	28	530,625
Net Assets or Fund Balanc		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.	:		
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds .	170,778	31	-128,360
μĀ	32	Total net assets or fund balances	736,972		608,614
ž	33	Total liabilities and net assets/fund balances	736,972		608,614
					Form 990 (2019)

	Pa	ge 12
	1,35	4,397
		2,757
	-12	8,360
	73	<u> 6,972</u>
	_	0
		0
		0
		2
		<u> </u>
	60)8,614
	Yes	No
2a		✓
2b	√	

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total expenses (must equal Part IX, column (A), line 25) 2 3 3 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 6 Donated services and use of facilities 7 Investment expenses . . . Prior period adjustments . Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII . . . Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the За b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3b required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.

Form 990 (2019)

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection Employer identification number

Yuma	ma's Education Scholarship Fund for Kids, Inc.						196753
Pai	rt I Reason for Public Cha	rity Status (All	organizations mus	t comple	ete this p	oart.) See instruction	ons.
The	organization is not a private founda	ation because it	is: (For lines 1 through	h 12, che	ck only o	ne box.)	
1	A church, convention of churc	hes, or associat	ion of churches descr	ribed ın s	ection 17	70(b)(1)(A)(i).	A ()
2	A school described in section		·			• •	7) 4
3	A hospital or a cooperative ho						0.
4	A medical research organization hospital's name, city, and stat		onjunction with a hos	pital desc	cribed in	section 170(b)(1)(A)	(iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a governmen	tal unit described in
6 7	A federal, state, or local gover An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				n the general public
8	A community trust described i	n section 170(b)(1)(A)(vi). (Complete	Part II.)			
9	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:						
10	In 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 331/8% 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						
12	An organization organized and of one or more publicly support Check the box in lines 12a thro	orted organizatio	ns described in sect	ion 509(a	a)(1) or so	ection 509(a)(2). Se	e section 509(a)(3).
а	☐ Type I. A supporting organithe supported organization supporting organization. You	(s) the power to	regularly appoint or e	elect a ma	ajority of t		
b	Type II. A supporting organ control or management of organization(s). You must	the supporting o	rganization vested in	the same			
С	Type III functionally integ its supported organization(ally integrated with,
d	☐ Type III non-functionally it that is not functionally integrequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ution requirement an	
е	Check this box if the organ functionally integrated, or I	ization received Type III non-func	a written determination	on from toporting	he IRS th organizat	at it is a Type I, Type ion.	e II, Type III
f g	Enter the number of supported or Provide the following information	•					[
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)		_					,
(D)							
(E)							
Total				 			

Page	2

							
Part	Support Schedule for Organiza						
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under							
	Part III. If the organization fails to qualify under the tests listed below, please complete Part/III.)						
Secti	on A. Public Support	1			•		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(é) 2019	(f) Total
1	Gifts, grants, contributions, and	(4) 2010	(3) 2010	(6) 25	(4) 23.5	/0,2010	(1)
•	membership fees received. (Do not	\			1		
	include any "unusual grants.")	\			/	1 i	
_					 		
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		1		Y	1	
5	The portion of total contributions by	<i>-</i>	1 .	7 . /	4 7	1	
3	each person (other than a		\	. /		}	
	governmental unit or publicly		\	5 1 /	-4 *		
	supported organization) included on		\ \			1 1	
	line 1 that exceeds 2% of the amount		· \	/ *		2	
	shown on line 11, column (f)		•			1	
_	* *		3	\'	· · · · · · · · · · · · · · · · · · ·	e	
6	Public support. Subtract line 5 from line 4			<u> </u>	L		
	on B. Total Support				1	1	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(&) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4			<u> </u>			
8	Gross income from interest, dividends,			\			
	payments received on securities loans,		/	\			
	rents, royalties, and income from		/	\		<u> </u>	
	similar sources			\			
9	Net income from unrelated business		/	1			
	activities, whether or not the business				N		
	is regularly carried on	f			\	i	
10	Other income. Do not include gain or	/					
	loss from the sale of capital assets	/			\		
	(Explain in Part VI.)	/				1	
11	Total support. Add lines 7 through 10		1				
12	Gross receipts from related activities, etc	(see instruction	ons)		1	12	
13	First five years. If the Form 990 is for the						501(c)(3)
	organization, check this box and stop he		10 11101, 000011	a, ama, toara	,, 0,	ca, as a sociio	. • .
Saati	on C. Computation of Public Suppor					(
		/ 		1 001:100 (0)		Nat	0/
14	Public support percentage for 2019 (line 6			i, column (i))		15.	<u> </u>
15	Public support percentage from 2018 Sch						<u>%</u>
16a	331/3% support test—2019. If the organi				na line 14 is 3	31/3% or more,	Check this
	box and stop here. The organization/qua	•	•	-		· · · //· ·	
b	331/3% support test - 2018. If the organi					is 331/3% or m	ore, check
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion	· · · / · ·	▶ 🗆
17a	10%-facts-and-circumstances/test - 20	019. If the orga	anization did n	ot check a bo	x on line 13, 1	6a, or 16b, and	l line 14 is
	10% or more, and if the organization me	eets the "facts	-and-circumsta	ances" test, ch	neck this box a	and stop hèrè,	Explain in
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
	organization						\ ``. ▶ □
b	10%-facts-and-circumstances test—20	018 If the ora	anization did a	nt check a ho	v on line 13 1	16a 16b or 17	a and line
D	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization in						
		neers the Taci	is-ai iu-circums	otanices lest.	me organizati	on qualines as	a publicly
40	supported organization	المامين		40-40-47			
18	Private foundation. If the organization di		DOX OF line 13,	, 10a, 100, 1/8	a, or 170, cnec	K INIS DOX and	_/_
	instructions	· · · ·		<u> </u>			· · > <u>\</u>
						adula A Æama 000	

Schedu	ale A (Form 990 or 990-EZ) 2019						Page 3
Part	·	tions Descri	bed in Section	on 509(a)(2)		 	1 age C
,	(Complete only if you checked th				ization failed	to qualify un	der Part II.
	If the organization fails to qualify						
Secti	on A. Public Support				<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		\-,'	\ -,	,		
	received (Do not include any "unusual grants.")	1,373,410	1,462,538	1,604,814	1,818,698	1,354,222	7,613,682
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,010,410	1,102,000	1,30 1,51 1	1,015,000		-,,0.0,00
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,373,410	1,462,538	1,604,814	1,818,698	1,354,222	7,613,683
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						7,613,68
Secti	on B. Total Support		, , , , , , , , , , , , , , , , , , ,				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	1,373,410	1,462,538	1,604.814	1,818,698	1,354,222	7,613,683
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	• •	142	124	118	226	175	78
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	142	124	118	226	175	785
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,373,552	1,462,662	1,604,932	1,818,924	1,354,397	7,614,467
14	First five years. If the Form 990 is for the organization, check this box and stop her	re	· · · ·			ar as a section	
	on C. Computation of Public Suppor						
15	Public support percentage for 2019 (line 8		-			15	99,99 %
16	Public support percentage from 2018 Sch			<u> </u>	<u> </u>	16	99,99 %
$\overline{}$	on D. Computation of Investment Inc					1 -= 1	
17	Investment income percentage for 2019 (ine 10c colum	n (t), divided h	v line 13 colur	nn (†\)	17	กกา %

19a	331/2% support tests -2019. If the organization did not check the box on line 14, and line 15 is more than 331/2%, and line
	17 is not more than 331/2%, check this box and stop here . The organization qualifies as a publicly supported organization . • 💌
b	331/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and

Investment income percentage from 2018 Schedule A, Part III, line 17.

18

line 18 is not more than 33½%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

.0001 %

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		lv	I NI-
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	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 Part VI 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 Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	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 Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	_	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	-	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	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 Part VI .	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 Part VI .	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 Part VI .	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.)

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Part	Supporting Organizations (continued)			
,			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
_	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		├
	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. on B. Type I Supporting Organizations	116		
Secu	on b. Type I supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			_
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			'
	controlled the organization's activities. If the organization had more than one supported organization,			1 :
	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			` '
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			ר ים
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			لــــا
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	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 i	nstruc	ctions	s).
a	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s		tn int	ional
2	Activities Test. Answer (a) and (b) below.) 	Yes	, ,
		\vdash	. 63	1
а	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 Part VI identify	·	٠,	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		' .	
	how the organization was responsive to those supported organizations, and how the organization determined	'		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			a ,
	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.		- 2	ا .
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		٠.	-
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g tru	ist on Nov. 20, 1970 (expla	in in Part VI). See
Section A—Adjusted Net Income	ii.	(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)
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	<u> </u>	
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		<u> </u>
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			-
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	int	agrated Type III supporting	organization /pop

Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp			
4	Amounts paid to acquire exempt-use assets	,		
5_	Qualified set-aside amounts (prior IRS approval required)			
<u> </u>	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	sponsive		
	(provide details in Part VI). See instructions.		 	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>	(ii)	(iii)
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			·
	(reasonable cause required - explain in Part VI). See			ا ا
	instructions.			
3	Excess distributions carryover, if any, to 2019	,	* ** ***	" reb
<u>a</u>	From 2014	T = :		
<u>b</u>	From 2015		, ",_	a that is a top to
<u>c</u>		* 1	11 H + +	اوه د ميوم <i>د د</i>
d	From 2017	4		. 1
<u>e</u> f	From 2018			
	Applied to underdistributions of prior years		<u> </u>	
<u>g</u> h	Applied to Underdistributions of prior years Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)		***************************************	
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
•	Section D, line 7:			
а	Applied to underdistributions of prior years	•		
b	Applied to 2019 distributable amount			· · · · · · · · · · · · · · · · · · ·
С			,	-
5	Remaining underdistributions for years prior to 2019, if	·		
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in	-	-	
	Part VI. See instructions.		,	<u> </u>
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		_]
8	Breakdown of line 7:	F1-13	र के दिल्लीक स्थाप के जे ज	
а	Excess from 2015	- , .	(, , , ,	F 4 4
b	Excess from 2016	i to de la principal de la pri	وايو د په پېښاندي پ	to the total and the
С	Excess from 2017	no a figur	Drew o of of a	47.10.44
d	Excess from 2018			. /
е	Excess from 2019	, , , , , , , , , , , , , , , , , , ,) E 1 ""	

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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.)
	· · · · · · · · · · · · · · · · · · ·

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

▶ Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990.

Open to Public∄ Inspection

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%** □ (h) Purpose of grant or assistance √ Yes 47-0896753 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (e) Amount of non-cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN uma's Education Scholarship Fund for Kids, Inc. 1 (a) Name and address of organization or government Part II Partl

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Schedule 1 (Form 990) 2020

Cat No 50055P

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

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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. Schedule I (Form 990) 2020
Part III Grants a

Part III can be duplicated it additional space	ıl space ıs needed	ö			
(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 to Emmanuel Christian Academy	-	3,372			
2 Scholarships to Bourgade Catholic High School	-	3,250	,		
3 Scholarships to Freedom Baptist Academy	9	6,355			
4 Scholarships to Hand in Hand Christian	7	12,912			
5 Scholarships to The Learning Pad Christian	9	2,740			
6 Scholarships to Yuma Christian Academy	9	15,929			
7 Scholarships to Immaculate Conception School	47	139,260			
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	itte mornauon its for tuition assist	ance at private schools	ie z, Fart III, coluin	(U), and any other acou. The parent supplies their in	ional 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	s then verified with	the administration of th	ne school by our organ	zation. An application is only	y valid for one school year, and the
parent must re-apply each year. The Yuma's Education Scholars	Scholarship Fund bo	oard of directors review	s the applications and	hip Fund board of directors reviews the applications and awards scholarships based on financial need. Upon	on financial need. Upon
board approval, the scholarships are issued to the qualified priva	fled private school	in Arizona. The school i	is informed by letter th	at they may not receive an an	ate school in Arizona. The school is informed by letter that they may not receive an amount per student (from all tuition
organizations) in excess of the total tuition amount due for each	for each school yea	r. In the event an exces	s amount is received t	y the school, then they are ir	school year. In the event an excess amount is received by the school, then they are instructed to return the excess funds
to the school tultion organization in a timely manner. The application is available on our website in an electronic submission format.	e application is ava	llable on our website in	an electronic submiss	Ion format.	

Schedule I (Form 990) 2020 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 423,847 153,816 70,936 -18 557,820 (c) Amount of cash grant (b) Number of recipients 277 154 80 20 Ţ 5 Scholarships returned by Yuma Adventist School 2 Scholarships to Southwestern Christian School 3 Scholarships to Yuma Catholic High School 4 Scholarships to Yuma Lutheran School Scholarships to Saint Francis of Assisi (a) Type of grant or assistance Continuation Page Part IV Part III 9

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

► 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. Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization							Employer identification number							
Yumas Education Scholarship Fund for Kids Inc						47-0896753								
Par	Excess Benerous Complete if the	fit Transaction e organization	is (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, l	ind se line 25	ction 501(c) 5a or 25b, o	(29) org Form 9	anızat 90-EZ	ions o 2, Part	nly). V, line	40b.	
1 (a) Name of disqualified person		person	(b) Relationship between disqualified person and organization				(c) Description of transaction			ction		(d) Cor	rected?	
	(2) 112			organiza	ation		ļ	(-,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Yes	No
(1)							ļ						ļ	
(2)							ļ							
_(3)							ļ						ļ	
(4)							ļ	·						
(5)							ļ						ļ	
(6)							<u> </u>							
2	Enter the amount		by the organ	nizatio	n manag	gers or dis	qualit	ied persons	during	the y	_	_		
	under section 4958						• •					\$		
3	Enter the amount of	f tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatıoı	1				\$		
Par	Complete if th	/or From Inter e organization eported an ame	answered "Ye	s" on I	Form 990 art X, line	0-EZ, Part e 5, 6, or 2	V, line	38a or For	m 990, F	art IV	, line :	26; or	if the	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origir principal an		(f) Balance o	lue (g) li	defauli	by t	pproved oard or mittee?		ntten ment?
				<u> </u>								-γ	V	No.
<u>/4\</u>				То	From				Ye	S No	Yes	No	Yes	No
(1)		 												
(3)		 												
(4)		<u> </u>									 	+		
(5)		 										-		
(6)	·										1	+		<u> </u>
(7)			-						-	+	┪	+		
(8)											+	+		
(9)	***************************************			İ							†	·		
(10)														*********
Total				<u> </u>			. ▶	\$		•		1		1
Part		sistance Bene e organization				0, Part IV, I	ıne 27	·.						
(a)	Name of interested person		ship between inter		(c) Amount	of assistance		d) Type of assi	stance		e) Purp	ose of a	ssistan	ce
(1)	Brock Dominguez	Board men	bers son			4,190	schol	arship		tuiti	on			
	Scarlett Dominguez	Board men	bers daughter							tuiti	on			
	Owne Dominguez	Board men			4,190 scholarship 3,581 scholarship				tuition					
	Dylan Hughes	Secretarys	son			4,101	schol	arship		tuiti	on			
	Tyler Hughes	Secretarys	son			1,473					tuition			
	Braden Hunt	Executives								tuiti	tuition			
(7)														
(8)														
(9)														
(10)														

Part IV	Business Transactions Invo Complete if the organization	olving Interested Persons. answered "Yes" on Form 990), Part IV, line 28a, 2	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
					Yes	No
(1)						
(2) (3)						
(4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						
Part V	Supplemental Information.	n for recognized to questions	on Sahadula I. (aaa	instructions)		
	Provide additional informatio	n for responses to questions	on Schedule L (see	instructions).		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

20**19**

Open to Public Inspection

Employer identification number

47-0896753 Yuma's Education Scholarship Fund for Kids, Inc. Part III Section 4d: Disabled/Displaced Corporate Tax Credit tuition scholarships awarded in a prior year were returned by Immaculate Conception School and Southwestern Christian School. No scholarships were awarded under this tax credit during the current period. Part VI Section A Line 8a: Minutes during the monthly board meeting are taken by the secretary. The following month, the minutes are reviewed and approved. Part VI Section B Line 11a: Form 990 and all supporting schedules were completed by the Executive Director and then provided to the President of the organization during a monthly board meeting for review. All financial information used to complete the form 990 is reviewed each month by the board members during the monthly meeting. The board members are expected to present any conflicts of interest during the monthly meeting. Any conflicts would be dissoussed and decided upon during the meeting with appropriate action taking place. Part VI Section B Line 14: Documents related to scholarship applicants, banking statements, and donations for the organization will be retained for a minimum of seven years, and then shredded. All financial statements, and state and federal tax related documents are being retained since inception of the organization. Part VI Section B Line 15: The board established a compensation plan for the Executive Director during the monthly meeting held in August 2008. The compensation plan states that the Executive Director shall be paid a percentage of the total donations received during the month. This is to be paid on a monthly basis. The Executive Director is an independent contractor and therefore issued a Form 1099 at the end of the calendar year.

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Schedule O ₄ (Form 990 or 990-EZ) (2019)	Page :
Name of the organization	Employer identification number
Yuma's Education Scholarship Fund for Kids, Inc.	47-0896753
Part VI Section C Line 19:	
The organization keeps all governing documents, policies, and financial staten	nents at the office located at 550 E 32nd Street, Suite 3
Yuma AZ 85365. Request by the public to see any of these documents would b	e taken by the Executive Director to the board for
advisement, and then made availabe in paper form.	
Part XII Line 2:	
Legislation requires that we have our financial statements audited by an indep	endent Certified Public Accountant each year. The process
is overseen by the Executive Director and President of our organization, the au	ditors statements are provided to the rest of the board
members for review upon completion of the audit.	
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