

# Arizona School Tuition Organization Annual Activity Report relating to the Disabled/Displaced Corporate Income Tax Credit Program

**FISCAL YEAR 2012/2013**  
**\*DUE SEPTEMBER 30, 2013\***

**Part I School Tuition Organization Information:**

1	STO Name	
2	STO Address	
3	STO Contact Name	
4	STO Contact Phone # and Email	

**Part II Donor Information:**

	(a) July 1 thru Dec 31	(b) Jan 1 thru June 30	(a+b) July 1 thru June 30
5 Total # of donors			\$
6 Total amount of cash contributions received in fiscal year for the tax credit	\$	\$	\$

**Part III Scholarship Information:**

	July 1 thru June 30
7 Net # of students receiving scholarships in fiscal year	
8 Net amount of scholarships paid in fiscal year	\$
9 Total amount of scholarship money being held for identified students' scholarships in future years	\$
10 Total amount of refunds received in current fiscal year from scholarships paid in prior fiscal year. List the number of scholarships refunded and amount by school below.	\$

School Name	School Address	Net Number of Scholarships Refunded	Net Amount of Scholarships Refunded
			\$
			\$
			\$

11 Not required for this form

12 Not required for this form

STO Name (as shown on page 1)

July 1 thru June 30

**Part IV Cost of Audit or Review**

13 Total cost of audit or review (and agreed-upon-procedures) paid during the fiscal year.

\$

14 Program	Total Contributions (from line 6)	Percent of Total
Original Individual	\$	%
Switcher	\$	%
Low Income Corporate	\$	%
Disabled/Displaced	\$	%
TOTAL	\$	100%

**Part V Additional Information Required**

15 Copy of STO's explanation of the basis for awarding scholarships is attached

16 Copy of STO's scholarship application and any solicitation brochures are attached

**Part VI Scholarship Information by School for the Fiscal Year**

July 1 thru June 30

School Name	School Address	Net Number of Scholarships	Net Amount of Scholarships
			\$
			\$
			\$
			\$
			\$
			\$

If additional space is required, please attach a separate sheet containing the required information

**Part VII STO Employee Salaries for Three Highest Paid Employees**

Name	Job Title at STO	Annual Salary from STO
		\$
		\$
		\$

This form is to be completed by a School Tuition Organization **BY SEPTEMBER 30, 2013** to provide information required by A.R.S. § 43-1506. Completed forms should be mailed **BY SEPTEMBER 30, 2013** to:

Georganna Meyer, Chief Economist, Office of Economic Research and Analysis,  
Arizona Department of Revenue, PO Box 29099, Phoenix, AZ 85038

- OR -

The form may be faxed to (602) 716-7991 or emailed to [kjacobson@azdor.gov](mailto:kjacobs@azdor.gov)  
If you have any questions, please contact me at (602) 716-6927 or by email.

Yes  No I have attached a copy of the audit or review engagement letter for Fiscal Year 2013.

Yes  No I have attached a copy of the engagement letter for the agreed-upon-procedures for Fiscal Year 2013, if applicable

The completed audit or review and agreed-upon-procedures must be submitted to the department within five days of completion and is due no later than December 31.