

**Arizona School Tuition Organization Annual Activity Report
relating to the
Original Individual Income Tax Credit Program**

**FISCAL YEAR 2013/2014
*DUE SEPTEMBER 30, 2014***

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
			\$
			\$
			\$

	July 1 thru June 30
11 Total amount of scholarships awarded to students with family income up to 185% of poverty level	\$
12 Total amount of scholarships awarded to students with family income from 185% of poverty level to 342.25% of poverty level	\$

Part IV Cost of Audit or Review

July 1 thru June 30

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

\$

Part V Additional Information Required

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

15 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, 2014** to provide information required by A.R.S. § 43-1506. Completed forms should be mailed **BY SEPTEMBER 30, 2014** to:

Karen Jacobs, Senior 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 kjacobs@azdor.gov
If you have any questions, please contact me at (602) 716-6923 or by email.

Yes No I have attached a copy of the audit or review engagement letter for Fiscal Year 2014.

Yes No I have attached a copy of the engagement letter for the agreed-upon-procedures for Fiscal Year 2014, 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.