Arizona School Tuition Organization Annual Activity Report relating to the Switcher Individual 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	# of Scholarships Refunded	Amt 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	$

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	# of Scholarships	Amt 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 gmeyer@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.