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

FISCAL YEAR 2014/2015

DUE SEPTEMBER 30, 2015

Part 1 **School Tuition Organization Information**

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

Part 2 **Donor Information**

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

Part 3 **Scholarship Information**

	July 1 thru June 30
7 Net number of students receiving scholarships in fiscal year	
8 Net amount of scholarships paid in fiscal year	$

List 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.

9 Total amount of allocated scholarship money being held for identified students' scholarships in future years. List number of scholarships allocated and amount by school below	$

School Name	School Address	Number of Scholarships Allocated	Amount of Scholarships Allocated
			$
			$
			$

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

STO Name (as shown on page 1)

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
			$
			$
			$

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

11 Not required for this form for Fiscal Year 2014/2015
12 Not required for this form for Fiscal Year 2014/2015
13 Not required for this form for Fiscal Year 2014/2015
14 Not required for this form for Fiscal Year 2014/2015

Part 4 Cost of Audit or Review

July 1 thru June 30

15 Total cost of audit or review (and agreed-upon-procedures) for all scholarship programs paid during the fiscal year..... $

Part 5 Additional Information Required

16 Check box to indicate a copy of STO's explanation of the basis for awarding scholarships is attached. ☐

17 Check box to indicate a copy of STO's scholarship application and any solicitation brochures are attached. ☐

18 **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, 2015** to provide information required by A.R.S. § 43-1506. Completed forms should be mailed **BY SEPTEMBER 30, 2015** 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 Karen Jacobs at (602) 716-6923 or by email.

☐ Yes ☐ No I have attached a copy of the audit or review engagement letter for Fiscal Year 2015.

☐ Yes ☐ No I have attached a copy of the engagement letter for the agreed-upon-procedures for Fiscal Year 2015, 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.

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