

**Arizona School Tuition Organization Annual Activity Report
relating to the
Original Individual Income Tax Credit Program (A.R.S. § 43-1604)**

**FISCAL YEAR 2015/2016
*DUE SEPTEMBER 30, 2016***

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.

	(a) Net amount of scholarships paid July 1 thru June 30	(b) Calculate % of total scholarships (line 9a ÷ line 8)
9 Scholarships paid to students with family income up to 185% of poverty level .	\$	%

	(a) Net amount of scholarships paid July 1 thru June 30	(b) Calculate % of total scholarships (line 10a ÷ line 8)
10 Scholarships paid to students with family income from 185% of poverty level to 342.25% of poverty level	\$	%

July 1 thru June 30

- 11 Number of students with allocated scholarships
- 12 Total amount of allocated scholarship money being held for students in future years. List number and amount of scholarships allocated 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.

July 1 thru June 30

- 13 Net number of prior year scholarships refunded (only include full scholarship refunds)
- 14 Total amount of refunds received in current fiscal year from scholarships paid in prior fiscal year. List the number and amount of scholarships refunded by school below.....

\$

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

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

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
		\$
		\$
		\$

19 Yes No I have attached a copy of the audit or review engagement letter for Fiscal Year 2016.

20 Yes No I have attached a copy of the engagement letter for the agreed-upon-procedures for Fiscal Year 2016, 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.

Completed forms should be mailed **BY SEPTEMBER 30, 2016** to:

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 DOROERA@azdor.gov

If you have any questions, please contact Karen Jacobs at (602) 716-6923 or KJacobs@azdor.gov.