

ALABAMA DEPARTMENT OF REVENUE EDUCATIONAL SCHOLARSHIP PROGRAM Scholarship Granting Organization Quarterly Report

For the quarter beginning	01/01/2016	and ending 03/31/2016

Act 2015-434 provides for Scholarship Granting Organizations (SGOs) to report certain information to the department for the calendar quarter. The Quarterly Report of Scholarship Granting Organizations (SGO) is due by the 15th day after the close of each calendar quarter. Please complete and submit this form to the Alabama Department of Revenue.

S	ECTION I – Scholarship Granting Organiza	tion (SGO)						
SCHOLARSHIP GRANTING ORGANIZATION NAME FEDERAL TAX ID								
10	0 Black Men of Greater Mobile, I	nc.						
MAIL	ING ADDRESS OF ORGANIZATION	CITY	STATE	ZIP CODE				
954 Government Street		Mobile	AL	36604				
	PHONE NUMBER	EMAIL ADDRESS						
(2	51)405-5500	mjones@100blackmenofmobile.org						
Trans.			San	WILLIAM BUREAU	Name of the last o			
S	ECTION II - Scholarship Information							
			r					
1.	Total number of scholarship recipients enrolled	in qualifying schools. Enter amount from Attachment 1, line 1	a	1	0			
2	Total number of aligible students zoned to atten	de failing asked. Enter amount from Attachment 1 line 1h		2	0			
2. Total number of eligible students zoned to attend a failing school. Enter amount from Attachment 1, line 1b								
3.	Total number of first-time scholarship recipients continuously enrolled in a non-public school prior to			3				
	receiving an educational scholarship from SGO. Enter amount from Attachment 1, line 1c.				0			
4.	Total number of first-time scholarship recipients continuously enrolled in a public school prior to							
	receiving an educational scholarship from SGO. Enter amount from Attachment 1, line 1d.			4	0			
_				5	0			
5.	5. Total number of educational scholarships awarded and funded, Enter amount from Attachment 1, line 1e.							
6.	Total amount of educational scholarships award	ed and funded. Enter amount from Attachment 1, line 1f		6 \$	0			
SI	ECTION III – Signature	是他的"大大"。 医多氏性神经炎						
UNDER PENALTIES OF PERJURY, I declare that I have examined this report and accompanying schedule, and to the best of my knowledge and belief,								
	, are, true, correct and complete.	mayo onaminoa amo topora ana abbompanying bondada,		,omeage				
PRIN	Maden & Cores	TITLE	DAT	E				
-	I lauter & iner	Executive Director	04	/19/2016				

ALL SECTIONS OF THIS FORM MUST BE COMPLETED TO BE CONSIDERED A PROPERLY FILED RETURN.

Please mail this quarterly report to Alabama Department of Revenue,

ATTN: Education Scholarship Program, P.O. Box 327010, Montgomery, AL 36132-7010