

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

For the quarter beginning 07/01/2019 and ending 09/30/2019

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.

**SECTION I – Scholarship Granting Organization (SGO)**

SCHOLARSHIP GRANTING ORGANIZATION NAME <b>100 BLACK MEN OF GREATER MOBILE INC</b>		FEDERAL TAX ID	
MAILING ADDRESS OF ORGANIZATION <b>954 GOVERNMENT STREET</b>		CITY <b>MOBILE</b>	STATE <b>AL</b>
TELEPHONE NUMBER <b>( 251 )405-5500</b>		EMAIL ADDRESS <b>mjones@100mobile.or</b>	
		ZIP CODE <b>36640</b>	

**SECTION II – Scholarship Information**

1. Total number of scholarship recipients enrolled in qualifying schools. Enter amount from Attachment 1, line 1a .....	1	2
2. Total number of eligible students zoned to attend a failing school. Enter amount from Attachment 1, line 1b .....	2	2
3. Total number of first-time scholarship recipients continuously enrolled in a non-public school prior to receiving an educational scholarship from SGO. Enter amount from Attachment 1, line 1c. ....	3	1
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	1
5. Total number of educational scholarships awarded and funded. Enter amount from Attachment 1, line 1e. ....	5	2
6. Total amount of educational scholarships awarded and funded. Enter amount from Attachment 1, line 1f. ....	6	\$ 13

**SECTION III – Signature**

**UNDER PENALTIES OF PERJURY, I declare that I have examined this report and accompanying schedule, and to the best of my knowledge and belief, they, are, true, correct and complete.**

PRINCIPAL OFFICER'S SIGNATURE 	TITLE <b>Executive Director</b>	DATE <b>10/15/2019</b>
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**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

SGO-Q SCHOLARSHIP GRANTING ORGANIZATION  
 QUARTERLY REPORT  
 ATTACHMENT 1 - QUALIFYING SCHOOL INFORMATION  
 Revised: 08/24/2015

	Add the amounts in Column B. Enter total on Form SGO- Q, Page 1, Section II, Line 1.	Add the amounts in Column C. Enter on Form SGO-Q, Page 1, Section II, Line 1c.	Add the amounts in Column D. Enter on Form SGO-Q, Page 1, Section II, Line 1d.	Add the amounts in Column E. Enter on Form SGO-Q, Page 1, Section II, Line 1e.	Add amounts in Column F. Enter on Form SGO-Q, Page 1, Section II, Line 1f.	Add amounts in Column G. Enter on Form SGO-Q, Page 1, Section II, Line 1g.					
1a.	2	1b.	2	1c.	1	1d.	1	1e.	2	1f.	\$ 12,600.00

A. NAME OF QUALIFYING SCHOOL	B. TOTAL NUMBER OF SCHOLARSHIP RECIPIENTS ENROLLED IN SCHOOL LISTED IN COLUMN A.	C. TOTAL NUMBER OF ELIGIBLE STUDENTS ZONED TO ATTEND A FAILING SCHOOL	D. TOTAL NUMBER OF FIRST-TIME SCHOLARSHIP RECIPIENTS CONTINUOUSLY ENROLLED IN A NONPUBLIC SCHOOL	E. TOTAL NUMBER OF FIRST-TIME SCHOLARSHIP RECIPIENTS CONTINUOUSLY ENROLLED IN A PUBLIC SCHOOL	F. TOTAL NUMBER OF EDUCATIONAL SCHOLARSHIPS AWARDED.	G. TOTAL AMOUNT OF EDUCATIONAL SCHOLARSHIP FUNDS PAID TO QUALIFYING SCHOOL
MCGILL TOOLEN CATHOLIC SCHOOL	1	1	1	0	\$ 1.00	\$ 7,290.00
ST IGNATIUS CATHOLIC SCHOOL	1	1	0	1	\$ 1.00	\$ 5,310.00