

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

For the quarter beginning	10/01/2019	and ending 12/31/2019

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 guarter. Please complete and submit this form to the Alabama Department of Revenue.

9	CTION I - Scholarship Granting Organizat	ion (SGO)				7			
CHOLARSHIP GRANTING ORGANIZATION NAME FEDERAL TAX ID						A STATE OF THE PARTY OF THE PAR	S. March Street, page		
RENAISSANCE SCHOLARSHIPS, INC.						And AARM	······································		
ANUNG ADDRESS OF ORGANIZATION CITY 3800 COLONNADE PKWY, SUITE 430 BIRMINGHAM			AL		219 CODE 35243				
	FLEPHONE NUMBER FIXVII, SOTTE 450 DIENVITATIANI /					002-10			
(205)918-7179 INFO@RENAISSANCESCHOLARSHIPS.ORG									
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S)	GTION II - Scholarship Information								
					1		0		
1.	Total number of scholarship recipients enrolled	in qualifying s	chools. Enter amount from Attachment 1, line 1:	æ	•		~ -		
2.	Total number of eligible students zoned to atten	d a failing sch	ool. Enter amount from Attachment 1, line 1b		. 2		0		
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		0		
4. Total number of lirst-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	<u> </u>	0		
5.	5. Total number of educational scholarships awarded and funded. Enter amount from Attachment 1, line 1e.						0		
6.	Total amount of educational scholarships award	led and lunder	d. Enter amount from Atlachment 1, line 1f		6	s	0		
S	ECTION III — Signature				±.				
UNI	DER PENALTIES OF PERJURY, I declare that I	have examin	ed this report and accompanying schedule.	and to the be	st of my	knowledge ar	id belief.		
	r, are, true, correct and complete.								
PBIN	CIPAL OFFICER'S SIGNATURE	f	TITLE		DATE				
	42/1000	4	President	1/	/3/2	020			
200-10-0	4	To our Parties movement account of the account of t			<u> </u>		Paralle Victoria		
	ALL SECTIONS OF THIS FO	RM MUST BE	COMPLETED TO BE CONSIDERED A PROP	PERLY FILED	RETUR	N.			
Please mail this quarterly report to Alabama Department of Revenue,									

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