

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

For the quarter beginning 04/01/2025

and ending 06/30/2025

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 Grantin		ूर्ण हैर देवा स. च	2 X 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
SCHOLARSHIP GRANTING ORGANIZATION NAM	·		FEDERAL TAX	ID	* 7 2 2
Deontaye V. Caple Schola	arship Foundation				,
MAILING ADDRESS OF ORGANIZATION	•	CITY	STATE	ZIP CODE	-
P.O.Box 937		Phenix City	AL	36868	
TELEPHONE NUMBER	EMAIL ADDRESS				
(404)692-0979	<u> tara.d.davis</u>	@dvcscholarship.org	<u> </u>	. <u> </u>	
SECTION II - Scholarship Inform	ation				
				,	
1. Total number of scholarship recipients enrolled in qualifying schools. Enter amount from Attachment 1, line 1a			ine 1a	. 1	0
2. Total number of eligible students zoned to attend a failing school. Enter amount from Attachment 1, line 1b				2	0
3. Total number of first-time scholars	hip recipients continuously enro	lled in a non-public school prior to	·		_
receiving an educational scholarsh	nip from SGO. Enter amount fro	m Attachment 1, line 1c		3	0
4. Total number of first-time scholars			•		
receiving an educational scholarship from SGO. Enter amount from Attachment 1, line 1d.			• • • • • • • • • • • • • • • • • • • •	4	0
5. Total number of educational scholarships awarded and funded. Enter amount from Attachment 1, line 1e.				5	0
6. Total amount of educational scholarships awarded and funded. Enter amount from Attachment 1, line 1f				6 \$	0
SECTION III - Signature		* * * * * * * * * * * * * * * * * * *	alla alla alla alla alla alla alla all		
JNDER PENALTIES OF PERJURY, I d	eclare that I have examined th	nis report and accompanying sched	ule, and to the bes	st of my knowledge	and helief
hey, are, true, correct and complete.				it or my miowicago	una bonoi,
'RINCIPAL OFFICER'S SIGNATURE /	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TITLE			<del>,</del>
Aar-				DATE V	
ywa K	· I James	Executive Director	<del></del>	07/13/2025	
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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