FORM
**SGO-Q**
07/15

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

For the quarter beginning 07/01/2026 and ending 09/30/2026

*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 | | FEDERAL TAX ID | |
|---|---|---|---|
| Alabama Opportunity Scholarship Fund | | [redacted] | |
| **MAILING ADDRESS OF ORGANIZATION** | **CITY** | **STATE** | **ZIP CODE** |
| PO Box 59188 | Birmingham | AL | 35259 |
| **TELEPHONE NUMBER** | **EMAIL ADDRESS** | | |
| ( 205 )206-7808 | aryan@alosf.org | | |

## SECTION II – Scholarship Information

| | | | |
|---|---|---|---|
| 1. | Total number of scholarship recipients enrolled in qualifying schools. *Enter amount from Attachment 1, line 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 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 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. | 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

**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 | DATE |
|---|---|---|
| [redacted] | Executive Director | 10/14/2026 |

***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***