

Sent via email to Raina. Turner@fldoe.org

The Florida Department of Education Office of Independent Education and Parental Choice 325 W. Gaines St., Suite 1044 Tallahassee, FL 32399-0400 September 1, 2020

RE: AAA Scholarship Foundation – FL, LLC Renew Participation as a Scholarship Funding Organization

Dear Ms. Turner,

Enclosed, please find the following documents required to renew AAA Scholarship Foundation – FL, LLC's participation as a Scholarship Funding Organization:

- A signed IEPC SFO-2 form
- Attachment #B A copy of our IRS Determination Letter as a 501(c)(3) not-forprofit organization
- Attachment #C A copy of our incorporation and registration with the Florida Division of Corporations, Office of the Secretary of State
- Attachment #D A description of our financial plan that demonstrates sufficient funds to operate throughout the school year
- Attachment #E A description of the geographic region that we intend to serve and an analysis of the demand and unmet need for eligible students in that area
- Attachment #F Our organizational chart
- Attachment #G A description of the criteria and methodology that we use to evaluate scholarship eligibility
- Attachment #H A description of our application process, including deadlines and any associated fees
- Attachment #I A description of our deadlines for attendance verification and scholarship payments
- Attachment #J A copy of our policies on conflict of interest and whistleblowers
- Attachment #K A surety bond in an amount equal to the amount of undisbursed donations held by us based on the annual report provided to the Auditor General and the Dept. of Education and conducted by an independent certified public accountant (s.1002.395 (6)(m), F.S.)

Florida Tax Credit Scholarship Program Participation Renewal, Page 2 September 1, 2020

- Attachment #L An annual report that includes the number of students who
 completed applications, by county and by grade, the number of students who
 were approved for scholarships, by county and by grade, and the number of
 students who received funding for scholarships within each funding category, by
 county and by grade, as well as the amount of funds received, the amount of
 funds distributed in scholarships, and an accounting of remaining funds and the
 obligation of those funds
- Attachment #M A detailed accounting of how we spent the administrative funds

The following are either on-file with you already or will be sent once they are available (and by the statutory due dates).

- Our Level 2 criminal background screening results are on file with the Florida Department of Law Enforcement
- Our IRS Form 990 is currently in the review process and a copy will be submitted to you by the November 30, 2020 due date
- Our fiscal year 2019-20 audited financial statements and required supplemental reports due to the Florida Auditor General and Florida Department of Education will be submitted once the independent certified public accountants have completed their work and before the statutorily mandated deadline of 180 days after completion of our fiscal year

We believe that this satisfies our requirement under Section 1002.395(15)(b), Florida Statutes, however, please do not hesitate to contact us if any additional information is required.

Sincerely,

AAA Scholarship Foundation, Inc.

Kimberly Dyson 'President and CEO

cc: Mazyck, Laura < Laura.Mazyck@fldoe.org > Froebel, Patti < patti@aaascholarships.org >

Attachments as listed above

Nonprofit Scholarship Funding Organization

PARTICIPATION RENEWAL

If your nonprofit charitable organization desires to participate, please complete this form and submit it to the **Department of Education** with information as requested below. If you have any questions, contact the Office of Independent Education and Parental Choice at: Telephone **(850) 245-0502** or FAX **(850) 245-0875** or by mail to: 325 W. Gaines Street, Suite 1044, Tallahassee, FL 32399-0400.



SUBMIT BY: SEPTEMBER 1, 2020

INFORMATION REQUIRED AB	OUT YOUR ORGANIZA	ATION		
AAA Scholarship Foundation	on - FL, LLC			
(Name of Organization)				
Kimberly Dyson	kim@aaas	cholarships.org	888-707-2465	888-707-2465
(Principal Contact)	(E-mail)		(Phone)	(Fax)
PO Box 15719				
(Mailing Address)				
(Mailing Address Cont.)				
Tampa			33684-5719	
(City)			(Zip Code)	
Kimberly Dyson				
(Name of Principal Officer or Legal Rep	resentative)			
CHARITABLE SFO ASSURAN	CES / VERIFICATION			
WHICH BEST DESCRIBES YO	UR ORGANIZATION?	(Circle one)		
Municipal (serving or	e city or county)	Regional		Statewide
WHICH SCHOLARSHIP PROG	RAM(S) DOES YOUR C	RGANIZATION PLAN	N TO ADMINISTER?	
	⊠Gardiner Schola □Hope Scholarshi □Reading Scholar	p Program ship Program		
	□Reading Scholar		gram	

TO BE CONSIDERED AS AN ELIGIBLE SFO, PLEASE SUBMIT THE FOLLOWING DOCUMENTATION TO THE DEPARTMENT OF EDUCATION:

Attachment:

- A signed IEPC SFO-2 form
- A copy of your IRS Determination Letter as a 501(c)(3) not for profit organization
- A copy of your organization's incorporation and registration with the Florida Division of Corporations,

Office of the Secretary of State

- On file Level 2 criminal background screening results for owners and operators
 - D A description of your organization's financial plan that demonstrates sufficient funds to operate throughout the school year
 - Ε A description of the geographic region that the organization intends to serve and an analysis of the demand and unmet need for eligibly students in that area
 - The organization's organizational chart F
 - A description of the criteria and methodology that the organization will use to evaluate scholarship eligibility G
 - A description of the application process, including deadlines and any associated fees Η
 - A description of the deadlines for attendance verification and scholarship payments I
 - A copy of the organization's policies on conflict of interest and whistleblowers
 - A surety bond or letter of credit in an amount equal to the amount of the undisbursed donations K held by the organization based on the annual report provided to the Auditor General and the Department of Education and conducted by an independent certified public accountant (s.1002.395(6)(m), F.S.). The amount of the surety bond or letter of credit must be at least \$100,000.00, but no more than \$25 million

Pending The organization's completed IRS Form 990 (due no later than November 30) Pending

A copy of the statutorily required audit to the Department of Education and Auditor General

- An annual report that includes the number of students who completed applications, by county and L by grade, the number of students who were approved for scholarships, by county and by grade, and the number of students who received funding for scholarships within each category, by county and by grade, as well as the amount of funds received, the amount of funds distributed in scholarships, and an accounting of remaining funds and the obligations of those funds
- A detailed accounting of how the organization spent the administrative funds, if applicable M

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

- I have read and agree to comply with Florida Administrative Code 6A-6.0960 related to the Florida Tax Credit Scholarship Program YES
- I have read and agree to comply with Florida Statutes Section 1002.385, Section 1002.395, Section 1002.40 and Section 1002.411, if applicable YES
- I will notify the Department of Education within 7 days if personal or corporate bankruptcy is filed within the next year YES
- I have not filed for personal or corporate bankruptcy in a corporation of which I owned more than 20 percent in the last 7 years **CONFIRMED**

I HEREBY ATTEST THAT AS THE PRINCIPAL OFFICER OF THE ABOVE NAMED SCHOLARSHIP FUNDING ORGANIZATION ALL OF THE DOCUMENTATION SUBMITTED AND INFORMATION PROVIDED AS A RESULT OF THIS FORM IS TRUE AND CORRECT.

Signature of Principal Officer	Kimberly Dyson
Signature of Principal Officer	Please print or type signature name
	8/31/2020
	Date

FOR DOE PURPOSES ONLY:							
Date Received:							
Received by:							
Action:							
Authorization:	Date:						
SFO Notified:	DOR Notified: DABT Notified:						

NOTE: Section 1002.395, F.S., requires the Department of Education to annually notify the Department of Revenue and the Division of Alcoholic Beverages and Tobacco of the Department of Business and Professional Regulation with a list of eligible Scholarship Funding Organizations by March 15th.

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI. OH 45201 DEPARTMENT OF THE TREASURY

Date: |SEP 1 0 2010

AAA SCHOLARSHIP FOUNDATION INC C/O HEATHER BRAULT PO BOX 3579 FORT STEWART, GA 31315 Employer Identification Number: 27-2559468 DLN: 17053140325030 Contact Person: ID# 52471 CHITRA MAMLATDARNA Contact Telephone Number: (877) 829-5500 Accounting Period Ending: June 30 Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: Yes Effective Date of Exemption: March 26, 2010 Contribution Deductibility: Addendum Applies:

Dear Applicant:

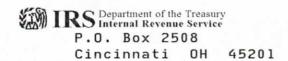
We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501'(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC. Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

T.



In reply refer to: 0752251399 Jan. 12, 2017 LTR 4168C 0 27-2559468 000000 00 Input Op: 0752251399 00021333 BODC: TE

AAA SCHOLARSHIP FOUNDATION INC % KIM DYSON PO BOX 15719 TAMPA FL 33684-5719



013961

Employer ID Number: 27-2559468 Form 990 required: YES

Dear AAA SCHOLARSHIP FOUNDATION INC:

We issued you a determination letter in SEPTEMBER 2010, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c) (03).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

0752251399

Jan. 12, 2017 LTR 4168C 0

27-2559468 000000 00

Input Op: 0752251399 00021334

AAA SCHOLARSHIP FOUNDATION INC % KIM DYSON PO BOX 15719 TAMPA FL 33684-5719

Sincerely yours,

Teri M. Johnson

Operations Manager, AM Ops. 3

Ten m fol

Attachment C - 8 pages

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000172561

Entity Name: AAA SCHOLARSHIP FOUNDATION - FL, LLC

FILED
Jan 17, 2020
Secretary of State
5064008256CC

Current Principal Place of Business:

14310 CARLSON DR

J2

TAMPA, FL 33626

Current Mailing Address:

PO BOX 15719

TAMPA, FL 33684-0719 US

FEI Number: 27-2559468 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DYSON, KIM 14310 CARLSON DR J2 TAMPA, FL 33626 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGRM

Name AAA SCHOLARSHIP FOUNDATION,

INC.

Address 925B PEACHTREE ST. NE

#675

City-State-Zip: ATLANTA GA 30309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIMBERLY DYSON

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

01/17/2020 Date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AAA Scholarship Foundation - FL, LLC	ited Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words Thin)	ned Liability Company, E.L.C., or El.C.)	
ARTICLE II - Address:		
The mailing address and street address of	of the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
3135 State Road 580. Suite 15	3135 State Road 580, Suite 15	
(The Limited Liability Company cannot serve as its o	3135 State Road 580, Suite 15 Safety Harbor, FL 34695 gistered Office, & Registered Agent's Si wn Registered Agent. You must designate an individual	or another _
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	Safety Harbor, FL 34695 gistered Office, & Registered Agent's Si wn Registered Agent. You must designate an individual	or another _
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o	Safety Harbor, FL 34695 gistered Office, & Registered Agent's Si wn Registered Agent. You must designate an individual	2013 DEC 1 3
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address	gistered Office, & Registered Agent's Si wn Registered Agent. You must designate an individual of the registered agent are:	2013 DEC 1 3
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Kim Dyson 3135 State Road 580, Su	gistered Office, & Registered Agent's Si wn Registered Agent. You must designate an individual of the registered agent are:	or another _
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florida registration.) The name and the Florida street address Kim Dyson 3135 State Road 580, Su	Safety Harbor, FL 34695 gistered Office, & Registered Agent's Si wn Registered Agent. You must designate an individual of the registered agent are: Name lite 15 street address (P.O. Box NOT acceptable)	2013 DEC 1 3

all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	AAA Scholarship Foundation, Inc.	<u>_</u>
	PO Box 3579	
	Fort Stewart, GA 31315	
		
		-1
		
	 	. د. د مستور مراج مراز
		THE
		FLORIDA
		67
(Use attachment if necessary)		12

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408/3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

> Kimberly Dyson, President and CEO, AAA Scholarship Foundation Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)



ARTICLE VI - Purpose

- 1. This company is organized exclusively for charitable and educational purposes within the meaning of Section 501 (c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, including, for such purposes:
- a. To provide economic and other assistance to low-income families to enable them to select the best schools for their children; and
- b. To engage in any and all lawful activities to accomplish the forgoing purposes except as restricted herein.

In order to accomplish the foregoing charitable and educational purposes, and for no other purpose or purposes, the company shall have all the powers granted to not-for-profit companies by the Florida Not-For-Profit Corporation Act; provided, however, that the company shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the primary purposes of the company.

- 2. At all times the following shall operate as conditions restricting the operations and activities of the company:
- a. No part of the net earnings of the company shall inure to any member of the company not qualifying as exempt under Section 501 (c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, nor to any Director or Officer, nor to any other private persons, excepting solely such reasonable compensation that the company shall pay for services actually rendered to the company, or allowed by the company as a reasonable allowance for authorized expenditures incurred on behalf of the company;
- b. No substantial part of the activities of the company shall constitute the carrying on of propaganda or otherwise attempting to influence legislation, or any initiative or referendum before the public, and the company shall not participate in, or intervene in (including by publication or distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office; and
- c. Notwithstanding any other provision of these articles, the company shall not carry on any other activities not permitted to be carried on by a company exempt from federal income tax under Section 501 (c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended.
- d. The company shall not lend any of its assets to any officer or Director of this company or guarantee to any person the payment of a loan by an officer or Director of this company.
- 3. Upon the time of dissolution of the company, assets shall be distributed by the Managing Member after paying or making provisions for the payment of all debts, obligations, liabilities, costs and expenses of the company, for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the company is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



ARTICLE VII - LIMITATIONS ON POWERS

The purpose and activities of AAA Scholarship Foundation – FL, LLC are limited to activities which are carried on for the exclusive benefit of AAA Scholarship Foundation Inc., a Georgia not for profit corporation, and AAA Scholarship Foundation – FL, LLC, will only exercise powers which are in furtherance of AAA Scholarship Foundation, Inc.'s exempt purposes.



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2013

KIM DYSON 3135 STATE ROAD 580, SUITE 15 SAFETY HARBOR, FL 34695

The Articles of Organization for AAA SCHOLARSHIP FOUNDATION - FL, LLC were filed on December 13, 2013, effective December 10, 2013, and assigned document number L13000172561. Please refer to this number whenever corresponding with this office.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a \$400 late fee will be added. It is your responsibility to remember to file your annual report in a timely manner.

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Please be aware if the limited liability company address changes, it is the responsibility of the limited liability company to notify this office.

Should you have any questions regarding this matter, please contact this office at the address given below.

Neysa Culligan
Regulatory Specialist II
Registration/Qualification Section
Division of Corporations

Letter Number: 713A00028433



DBA



January 22, 2014

KIM DYSON 3135 STATE ROAD 580, SUITE 15 SAFETY HARBOR, FL 34695

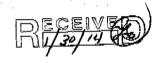
Re: Document Number L13000172561

The Articles of Amendment to the Articles of Organization for AAA SCHOLARSHIP FOUNDATION - FL, LLC, a Florida limited liability company, were filed on January 17, 2014.

Should you have any questions regarding this matter, please telephone (850) 245-6051, the Registration Section.

Barbara Bostick Regulatory Specialist II Division of Corporations

Letter Number: 714A00001500





January 22, 2014

Bonnie Wilmot Assistant General Counsel Florida Department of Education 325 West Gaines Street Tallahassee, Florida 32399

Dear Ms. Wilmot,

Please accept this notarized letter as confirmation that AAA Scholarship Foundation, Inc. wholly owns AAA Scholarship Foundation – FL, LLC and recognizes that organization as a disregarded entity the activities of which are reported by AAA Scholarship Foundation, Inc. to the Internal Revenue Service.

Sincerely,

AAA Scholarship Foundation, Inc.

Kimberly Dyson CEO & President State of Florids

County of Divella S

The foregoing inctrument was acknowledged to foregoing the foreg



Florida Scholarship Funding Organization Annual Application – Attachment D For the Fiscal Year Ended 6/30/22

A description of your organization's financial plan that demonstrates sufficient funds to operatethroughout the school year

AAA Scholarship Foundation, Inc. Cash Flow Projection Fiscal Year 2021-22

	July	August	September	October	November	December	January	February	March	April	May	June
Beginning Balance	39,290,448	40,053,984	55,920,021	50,089,223	53,812,366	50,065,735	54,535,938	41,955,556	46,485,759	46,838,462	32,518,081	36,798,284
+Cash Received	1,001,990	16,104,490	6,289,490	6,488,740	10,575,740	4,941,990	1,741,990	5,001,990	824,490	1,990	4,751,990	201,990
-Cash Paid Out	238,454	238,454	12,120,288	2,765,597	14,322,372	471,787	14,322,372	471,787	471,787	14,322,372	471,787	471,787
Ending Balance	40,053,984	55,920,021	50,089,223	53,812,366	50,065,735	54,535,938	41,955,556	46,485,759	46,838,462	32,518,081	36,798,284	36,528,487

Disclaimer: This report includes forward-looking statements that involve a number of risks and uncertainties. We would like to point out that the actual results could differ materially from those indicated or underlying these statements, or could have an impact on the realization of particular financial projections. Accordingly, we cannot guarantee the realization of these forward-looking statements

Florida Scholarship Funding Organization Annual Application – Attachment D (continued) For the Fiscal Year Ended 6/30/22

AAA Scholarship Foundation, Inc. Preliminary Operating Budget Fiscal Year 2021-22

	Annual Budget	Budget Narrative/Assumptions
Revenues		
Contributions - AZ	10.442.500	Tax Credit Contributions
Contributions - FL	, ,	Tax Credit Contributions
Grants - FL PLSA		Gardiner Scholarship Admin Allowance
Contributions - NV		Tax Credit Contributions
Total Grants & Contributions	48,653,000	-
Interest Earned		Interest Earned
Net Revenues	48,357,977	
Direct Program Costs		
Scholarships Awarded - AZ	9,398,250	602 scholarships awarded (avg of \$5,200 x 3 years)
Scholarships Awarded - FL		4,598 scholarships awarded (avg of \$7,000 x 1 year)
Grant Awarded - FL		Statutorial grant awarded to SFO
Scholarships Awarded - NV		_1,080 scholarships awarded (avg of \$6,500 x 1 year)
Total Direct Program Costs	49,339,270	
General and Administrative Expenses		
Wages & Benefits		
FICA		Employer Payroll Taxes
Employee Benefits		Employer Paid Group Medical/Dental Premium + Retirement Plan Contribution
Salaries	688,183	Salary Cost: CEO, Dir of Ops, Controller, Bookkeeper, Scholarship Admin (1), Outreach (2), Cust Svc (4), App Process (7)
Wages & Benefits	956,829	(
Travel & Meetings		
Conferences/Conventions	27,950	Attend 11 Conferences
Lodging	14,700	Conferences, School meetings, Site Visits, Student Recruiting
Meals & Entertainment	6,370	Conferences, School meetings, Site Visits, Student Recruiting
Meals - Staff Mtgs		Staff Meetings/Holiday Parties
Travel		Conferences, School meetings, Site Visits, Student Recruiting
Travel Expenses	90,585	
Business Insurance		
Surety Bond		FL Bond - Annual Premium
Liability Insurance	9,703	Umbrella, General, D&O & Crime Insurance
Workers Comp Insurance		_Annual Premium
Business Insurance	209,328	
General Expenses		
Advertising/Marketing		Student recruiting, collateral material, paid media, outreach
Bank Charge		Account Analysis Fees/Late Fees
Business License/Registration	,	State Registrations/Solicitation Fees
Contract Services/Development		Independent Contractors/Marketing/Fund Raising/Govt Relations
Depreciation		Depreciation of fixed assets
Dues, Fees & Subscriptions		Fees, Memberships, Subscriptions Various equipment, post office boxes, etc.
Equipment Rental Equipment Repair & Maintenance		Various equipment, post office boxes, etc. Computer/Equipment Repairs
Interest Expense		Line of Credit + Loan for Scholarship Admin Platform Upgrade
Software Licenses		Annual Seat for Licenses
Office Equipment		PCs, desks, chairs, calculators, printers, etc.
Postage & Delivery		Applications/checks/packets/handbooks/ltrs/notices
Printing & Reproduction	8,000	Applications/Award Letters/School Commitment Forms/Envelopes, etc
Professional Development		Technical training
Professional Services		Payroll/Tax Return Prep/Audit/Legal/Consulting
Supplies		Paper/toner/storage boxes/pens/highlighters, etc
Telephone/Fax		Phone/fax/cell
Web/Internet Hosting Services		Internet, Site Hosting, Domains, SEO Optimization
Total General Expenses	1,487,712	M 41 1 / 699 / 14 / 9
Facility Expenses Total G&A Expenses	2,861,449	_Monthly Leases/utilities/maint/security
Capital Purchase		Upgraded Scholarship Administration Platform
·		opgraded contraining Administration i rationii
Less Total Costs & Expenses	52,254,921	
Plus Board Designated Net Assets Available	3,896,945	Prior Year Contributions and/or Unrestricted Interest Released
Surplus / (Deficit)	0	=

Florida Scholarship Funding Organization Annual Application – Attachment D (continued) For the Fiscal Year Ended 6/30/22

A description of how funds are segregated and tracked

Companies owing certain taxes to the state of Florida may participate in the Florida Tax Credit Scholarship Program. Once a company decides to participate in the program, they apply directly with the Florida Department of Revenue ("FL DOR"). The FL DOR processes the application and, if approved, notifies the company and the selected Scholarship Funding Organization of the approval.

Upon notification, AAA prepares an "invoice" within its accounting system and categorizes (i.e. tracks) it with a code to signify that the contribution is restricted to the Florida Tax Credit Scholarship Program. AAA provides the invoice to the company and the company remits the funds by the deadline stated on the FL DOR approval notice.

AAA receives the remittance and deposits it into a segregated bank account set-up specifically to receive Florida Tax Credit Scholarship remittances as required under f.s. 1002.395(6)(k). The remittance is applied to the invoice within the accounting system using the same tracking code.

Four times during the school year, scholarship disbursements are processed within AAA's accounting system and each Florida Tax Credit Scholarship disbursement is categorized with the same tracking code. A separate warrant is printed for each eligible/verified student from the segregated Florida Tax Credit Scholarship bank account.

Administrative expenses (that have been approved) are entered into the accounting system and categorized with an appropriate tracking code. Those expenses are paid from a segregated bank account set-up specifically for operating funds as required under f.s. 1002.395(6)(k).

Paid administrative expenses that have been categorized as attributable to the management and distribution of eligible Florida Tax Credit Scholarship program contributions under f.s. 1002.395 and deemed to meet the limitations and requirements of f.s. 1002.395 (j)(1) are subsequently reimbursed from the Florida Tax Credit Scholarship account to the segregated operating account periodically.

The procedures described above are audited annually by the Florida Auditor General during the statutorily required operational audit and an independent Certified Public Accountant during the statutorily required financial audit.

A description of the geographic region that the organization intends to serve and an analysis of the demand and unmet need for eligible students in that area.

AAA Scholarship Foundation – FL, LLC ("AAA") serves the children of low-income and working-class families throughout the state of Florida with household incomes of up to 260 percent of the annual federal poverty threshold.

The United States Census Bureau estimates Florida's July 2019 population at 21.48 million people with 13.6 percent of them living below the federal poverty threshold. For 2019, the federal poverty threshold was \$25,926 for a family of two adults and two children under age 18.2

According to the National Center for Children in Poverty, in 2016 there were 2,036,196 Florida families with 3,978,689 children; approximately 49 percent of those children live in families with incomes below 200 percent of the federal poverty threshold. ³

Below is a breakdown of the 2018 Florida household income demographics for Florida's children as published by Kids Count, a project of the Annie E. Casey Foundation:

- 2,260,000 children are at or below 250 percent of the federal poverty threshold⁴
- 1,846,000 children are at or below 200 percent of the federal poverty threshold⁵
- 1,359,000 children are at or below 150 percent of the federal poverty threshold⁶
- 819,000 children are at or below 100 percent of the federal poverty threshold⁷

The Florida Department of Education's 2018-19 Annual Report on Private Schools⁸ (the most recent published as of the date of this report) states that "of the 3,227,152 statewide total PK-12 student enrollment in the 2018-19 school year, 380,295 (11.8%) were private school students, and 2,846,857 (88.2%) were public school students." That same report lists the number of private schools during the same time period as 2,689 with the following enrollment by grade:

BREAKDOWN OF PRIVATE SCHOOL STUDENTS IN FLORIDA

GRADE LEVEL	<u>STUDENTS</u>	PERCENTAGE OF TOTAL ENROLLMENT
Pre-K	44,801	11.8%
K	27,580	7.3%
1st	26,607	7.0%
2nd	26,120	6.9%
3rd	25,279	6.6%
4th	25,780	6.8%
5th	26,044	6.8%
6th	27,545	7.2%
7th	26,777	7.0%

¹ https://www.census.gov/quickfacts/fact/table/fl,US#viewtop

² https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

³ http://www.nccp.org/profiles/state_profile.php?state=FL&id=6

⁴ https://datacenter.kidscount.org/data/tables/48-children-below-250-percent-

poverty?loc=11&loct=2#detailed/2/11/false/37,871,870,573,869,36,868,867,133,38/any/331,332

⁵ https://datacenter.kidscount.org/data/tables/47-children-below-200-percent-

poverty?loc=11&loct=2#detailed/2/11/false/37,871,870,573,869,36,868,867,133,38/any/329,330

⁶ https://datacenter.kidscount.org/data/tables/46-children-below-150-percent-

poverty?loc=11&loct=2#detailed/2/11/false/37,871,870,573,869,36,868,867,133,38/any/327,328

⁷ https://datacenter.kidscount.org/data/tables/43-children-in-poverty-100-percent-

poverty? loc = 11& loct = 2# detailed/2/11/false/37,871,870,573,869,36,868,867,133,38/any/321,322

⁸ http://www.fldoe.org/core/fileparse.php/7562/urlt/PS-AnnualReport1819.pdf

AAA Scholarship Foundation – FL, LLC Annual SFO Application – Attachment E (continued) For the Fiscal Year Ended 6/30/22

GRADE LEVEL	<u>STUDENTS</u>	PERCENTAGE OF TOTAL ENROLLMENT
8th	25,768	6.8%
9th	25,183	6.6%
10th	24,602	6.5%
11th	23,551	6.2%
12th	24,658	6.5%
Total:	380,295	100.0%

The Florida Department of Education's February 2020 FTC Quarterly Report⁹ (the most recent published as of the date of this report) notes that 109,741 students used the Florida Tax Credit (FTC) Scholarship to assist them in paying for tuition, books and fees at 1,855 eligible private schools during the 2019-2020 school year.

Adjusting for Pre-K students who are not eligible for FTC scholarships, we calculate that 335,494 private school seats were available to students in grades K - 12 (380,295 - 44,801 = 335,494).

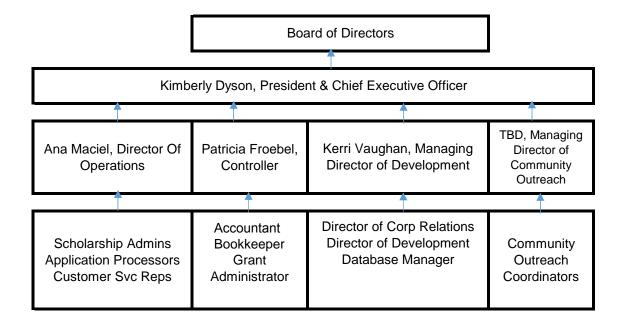
Assuming an even distribution of students across all Florida private schools, we calculate an average of 124.8 K-12 seats available per Florida private school (335,494 / 2,689 = 124.8).

Extrapolating that average to the 1,855 eligible private schools already accepting the FTC scholarships results in 231,504 seats potentially available for FTC scholarship students $(1,855 \times 124.8 = 231,504)$.

The fact that over 2.2 million Florida children are living in households earning at or below 250 percent of the federal poverty threshold, makes it reasonable to deduce that there may be at least an additional 121,763 eligible students for whom a seat in an eligible private school would be available and who subsequently represent the current demand and unmet need for eligible students in Florida (231,504 – 109,741 = 121,763).

-

⁹ http://www.fldoe.org/core/fileparse.php/7558/urlt/FTC-Feb-2020-Q-Report.pdf



A description of the criteria and methodology that the organization will use to evaluate scholarship eligibility

In order to qualify for an AAA scholarship, families must provide support for the following requirements:

- 1. The student's household income is at or below 260 percent of the federal poverty level
 - a. AAA follows the guidelines provided by the National School Lunch Program's USDA Eligibility Manual for School Meals to determine the specific types of income to be included in determining eligibility.
 - i. Income documentation may include, but is not limited to, copies of the signed federal income tax return as filed with the IRS with all supporting schedules, IRS Transcript, year-end award letters/statements for any and all income sources including Cash Assistance (TANF), Food Stamps (SNAP), Social Security Income, Housing Assistance (Section 8, HUD, etc), Workers Compensation, Disability or Retirement, Forms W-2 or 1099.
 - b. AAA uses the guidelines provided by the National School Lunch Program's USDA Eligibility Manual for School Meals to determine household composition.
 - i. Household composition is based on economic units. An economic unit is a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, and who share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit.
- 2. The student is currently placed, or during the previous state fiscal year was placed, in foster care or in out-of-home care as defined in s. 39.01
 - a. Documentation from the state of Florida that validates that the child meets the definition of s. 39.01(29) or (48) and specifies the amount of support provided by the state for the benefit of the child.
- 3. The student is a sibling of an eligible student who is participating in the scholarship program and resides in the same household as the sibling.
- 4. Resident of Florida
 - a. AAA requires written documentation that an applicant is a resident of Florida.
 - b. Documentation may include tax returns, utility bills, leases, etc.
- 5. Age Requirement
 - a. AAA requires birth certificates for all children to determine whether they meet the requirement that children must be 5 years old as of September 1.

Florida Scholarship Funding Organization Annual Application – Attachment H For the Fiscal Year Ended 6/30/22

A description of the application process, including deadlines and any associated fees.

In order to prove their eligibility, Florida households must annually complete AAA's application and provide required supporting documentation (see next page). There is no application fee for Florida applicants.

Paper applications are mailed to renewing families in February. Online applications are available on the AAA website (http://www.aaascholarships.org/parents/florida/) to renewing families in early-March. Both online and paper applications are available to the public in mid-March. (See a copy of the 2020-2021 school year application attached).

Application submission deadlines are determined based on scholarship demand and projected funding. The current deadline for the 2020-2021 school year application is September 30, 2020 – except for students in foster care, out-of-home care or a dependent child of a parent who is a member of the United States Armed Forces, who are allowed to apply for a scholarship at any time.

Processing of applications is typically completed within ten to twelve weeks once ALL required documentation has been received. Parents can check the status of their application by clicking on the "Check the Status of your Application" link on the AAA website (http://www.aaascholarships.org/parents/florida/).

Once applications are in the "Completed" status, a determination letter is mailed to the mailing address that was listed on the application within two - four weeks. Households that are determined eligible AND have received funding for the upcoming school year will receive 1) a Scholarship Award Letter and 2) a School Commitment Form (SCF) in the mail directly from AAA. Those who are determined ineligible will receive a denial letter in the mail directly from AAA.

The use of a scholarship cannot be postponed. The household must find an eligible private school for their student(s) as soon as they receive a scholarship award letter and SCF. Failure to meet the deadline stated on the SCF will result in the forfeiture of the awarded scholarship. Households should make a copy of the blank SCF before taking it to an eligible private school in case they decide to transfer to a different eligible private school later in the year. By completing the school enrollment form, both the parents and the schools agree to abide by the terms of the AAA Parent/School Handbooks.

Schools should not accept any students without an SCF unless the household: 1) is willing to self-pay their tuition and fees until they are awarded a scholarship and 2) will self-pay if they are not. If a household receives a SCF in error or their eligibility is revoked, the private school that has enrolled the student will be notified as soon as possible. By accepting the scholarship student(s) and scholarship payment(s) the private school agrees to repay any incorrectly made or overpayment of funds on behalf of the student(s), regardless of the reason. Households that document eligibility but are placed on a waitlist do not have a scholarship unless they receive a Scholarship Award Letter and SCF at a later date.

Florida Scholarship Funding Organization Annual Application – Attachment H (continued) For the Fiscal Year Ended 6/30/22

Scholarship Values

The maximum value of an awarded scholarship is determined by each state. The Florida income-based scholarships are awarded as follows:

For renewing students, the award is the greater of these two values:

- 95% of the funds allocated per unweighted FTE (base-level + all categorical programs) per grade level and district (click here for the district award values)
 OR –
- The values listed here:

```
K - 5th grade - $6,519
6th - 8th grade - $6,815
9th - 12th grade - $7,112
```

For new students, the award is equal to 95% of the funds allocated per unweighted FTE (base-level + all categorical programs) per grade level and district (click here for the district award values).

Required Documentation (as applicable):

- Signed and completed application; and
- Documentation of each household member's income including but not limited to:
 - Copies of the signed federal income tax return as filed with the IRS with all supporting schedules,
 - o IRS Transcript,
 - Year-End award letters/statements for any and all income sources including Cash Assistance (TANF), Food Stamps (SNAP), Social Security Income, Housing Assistance (Section 8, HUD, etc.), Workers Compensation, Disability or Retirement,
 - o Forms W-2 and 1099:
- Birth Certificates for participating students;
- Documentation verifying legal guardianship;
- Documentation verifying a separated parent/guardian address;
- Documentation verifying placement in foster care or out-of-home care;
- Documentation verifying a parent's membership of the United States Armed Forces;
- A letter explaining a "special circumstance" if the family's documented income does not reflect the income that will be available during the school year; and
- Additional documentation as requested.



AAA Scholarship Foundation 2020-21 Application Florida Income-Based Scholarship Program

Submission Deadline posted at www.aaascholarships.org

If you enroll your student into a private school before you have received a SCHOLARSHIP AWARD LETTER and School Commitment Form (SCF), you will be responsible for your student's tuition and he/she may not qualify for future scholarship funding.

Funding is not guaranteed. Please consider this before enrolling your student(s) in a private school.

ARE YOU ELIGIBLE TO SUBMIT AN APPLICATION? COMPLETE THE QUESTIONS BELOW TO FIND OUT.

Does th	ne household live in Florida?
	Yes, please continue to question #2.
	No, we live in another state. <u>STOP</u> – do not apply, your household is NOT eligible.
Is your	student entering Kindergarten through 12 th grade in Florida?
	Yes, my student is entering K through 12 th grade in Florida. Please continue to question #3.
	No, my student will NOT be entering those grades. <u>STOP</u> – do not apply, your student does not qualify to receive a 2020-21 AAA scholarship.
Will you	ur student be between the required ages to attend school for your state on or before September 1, 2020?
	Yes, my Florida student will be at least 5 years old but not 21 years old or older on September 1, 2020. Please continue to question #4.
	No, my student will not meet the age requirements for my state. <u>STOP</u> – do not apply, your student does not qualify to receive a 2020-21 AAA scholarship.
ls vour	household at or below the maximum household income level for your household size?
	Yes, we are <u>at or below</u> the income listed for our household size. Please continue to question #5.
	No, our income is above the limit listed for our household size. <u>STOP</u> – do not apply, your household does not qualify to receive a 2020-21 AAA scholarship.
	Is your Will you Is your

AAA considers ALL household members and their income. To figure out your household size, add all the people you live with together, this is your household size. Now add ALL the annual earnings (before tax) for everyone in the household, this is your total annual income. Use these two numbers to look at the income chart below for your household size and income.

Note: Any business losses will be adjusted to zero and the total income will be adjusted accordingly to determine household eligibility.

Household size	Maximum Household Income for an AAA Scholarship Award	Maximum Household Income for a Family Empowerment Scholarship**
1	\$33,176	\$38,280
2	\$44,824	\$51,720
3	\$56,472	\$65,160
4	\$68,120	\$78,600
Each additional person add:	\$11,648	\$13,440

5.)) Is your	household	/ studen	t otherwise	eligible?	,
-----	-----------	-----------	----------	-------------	-----------	---

- Yes, neither my student nor my household has been disqualified from the program for any reason, including internal audit process. Please continue to the application on the next page.
- No, my student or our household has been disqualified/revoked from program participation for any reason, including internal audit process in the past. STOP − do not apply, your household does not qualify for a 2020-21 AAA scholarship.

Questions? Call 1-888-707-2465 or Email FLdocs@aaascholarships.org

**The Florida Department of Education administers the Family Empowerment Scholarship ("FES"). If household income is above the maximum for an AAA Scholarship Award but at or below the maximum for FES, your information will be sent to the Florida Department of Education to determine eligibility for FES. In addition to the household income requirement, eligibility for FES requires a Florida student to be entering Kindergarten or, if entering a higher grade, to have been (or have a sibling who was) enrolled in a public school during the previous school year.

2020-2021 AAA-FLORIDA K-12 Private School Tax Credit Scholarship Application - Page 2

IMPORTANT: Fill in the answers asked for in the blank spaces provided throughout this form; write N/A or 0 if items do not apply to you.

DO NOT LEAVE ANY BLANK SPACES.

A) PARENT/GUARDIAN "A" Living with the student B) PARENT/GUARDIAN "B" Living with the student This individual is required to sign scholarship checks. This individual cannot sign scholarship checks. Parent A Last Name, First Name, Middle Initial Parent B Last Name, First Name, Middle Initial E-mail address (REQUIRED) E-mail address (REQUIRED) Social Security Number Social Security Number Relationship to the student: Relationship to the student: □ Father ☐ Step-Father ☐ Step-Mother ☐ Step-Father ☐ Step-Mother ☐ Mother □ Other □ Father ■ Mother □ Other Home Phone Number Cell Phone Number Home Phone Number Cell Phone Number Home (Physical) Address, Apt. # (must be street address, PO Box not acceptable) Home City, State, Zip Home County Mailing Address (if different from above – PO Box acceptable) Mailing City Mailing State Mailing Zip Parent A Employed By Work Phone Parent B Employed By Work Phone C) HOUSEHOLD INFORMATION 6) List any parents, not living in the home, for children who live with Number of people who lived in your home during 2019: Parents/Guardians + Children + Others Parent(s) A and B. = Total of above (This is your "household size") Non-Custodial Parent's Name Child's Name 2) What is the language spoken in your home: 3) What is PARENT A's marital status today: ☐ Single, never Married ☐ Divorced (Divorce Agreement Required) ☐ Separated (Separation Agreement Required) □ Married ☐ Divorced/Remarried ☐ Living w/boyfriend, □ Widowed 7) Does PARENT A and/or B have a divorce/separation agreement?

Yes girlfriend, fiancé □ No (If YES, provide a copy of the divorce/separation agreement if you do not claim the child(ren) on your taxes to show that they live with you.) f 4) Does PARENT A receive child support for any children in the home? 8) Date of Separation (Month/Year) or N/A: Yes 🗆 No 5) Does PARENT B receive child support for any children in the home? 9) Date of Divorce (Month/Year) or N/A: Yes 🗆 No D) HOUSEHOLD MEMBERS CLARIFICATION List all people who lived with Parents A and B during 2019 You must provide 2019 earnings and assistance documentation for the below individuals (Form 1040 Federal Tax Return, Social Security Income, etc.) List any additional people that live with you on a separate sheet of paper, if needed. If anyone has moved out or there is a change, you must explain on a separate sheet of paper. Birth Certificates are required for all children 18 and under. PLEASE PRINT Did they file a 2019 Total Earnings or How long has this Assistance Federal Tax Return? Relationship person lived with Received in 2019 (check one) PARENT A? Name to Parent A Age ☐ Yes □ No ☐ Yes □ No ☐ Yes □ No ☐ Yes □ No

PARENT/GUARDIAN A Name:			SS#	
2020-2021 AAA-FLORIDA K-12	Private Schoo	ol Tax C	redit Scholarship App	olication - Page 3
E) HOUSING INFORMATION				
1) Do you rent or own your residence (check one)?	□ Rent □ Ow	/n		
What is the monthly mortgage or rent payment?	\$	per mon	h	
a. What amount do you pay? \$	per month			
b. What amount is paid by others? \$	per month.	Explain rela	ationship to Parent A:	
F) STUDENT INFORMATION (Only If applying for more than 2 students				cholarship)
Student #1 Last Name, First Name, Middle Init	al:		Date of Birth (MM/DD/YY) Birth	th Certificate Required:
Student SS#:		Student	Gender: □ Female	□ Male
Student Relationship to Parent/Guardian A:	□ Child/Stepchil □ Other (Explair		ndchild Niece/Nephew	
Race: American Indian or Alaska Nativ	e □ Asian or Pacifi	c Islander	•	
Grade Level Student will be entering in August		ie, non-nis	pariic	
Name of School attended 2019-2020:	01 2020.			
School County attended in 2019-2020:				
Type of School attended in 2019-2020:	□ Public □ Priv	vate □ H	ome School □ Charter □ \	/irtual □ Not Applicable
Does this student receive any of the following: □ TANF □ Food Stamps □ FDPIR □ Free/Reduced Lunch □ ESE □ Tit			• • • • • • • • • • • • • • • • • • • •	
Type of Student: □ New □ Transfer □ F (<u>New</u> means you did not receive a scholarship ir from another Scholarship Organization in 2019-2 <u>Add-on</u> means you signed AAA scholarship che	n 2019-20 for any sti 20. <u>Renewal</u> means	you signe	d AAA scholarship checks for t	his student in 2019-20.
Student #2 Last Name, First Name, Middle Init	al:		Date of Birth (MM/DD/YY) Bir	th Certificate Required:
Student SS#:		Student	Gender: □ Female	□ Male
Student Relationship to Parent/Guardian A:	□ Child/Stepchild □ Other (Explain)	□ Grar		
Race: American Indian or Alaska Nativ			•	
Grade Level Student will be entering in August	of 2020:	·		
Name of School attended 2019-2020:				
School County attended in 2019-2020:				
Type of School attended in 2019-2020:	□ Public □ Pri	vate □ H	ome School □ Charter □ \	/irtual □ Not Applicable
Does this student receive any of the following?:	□ TANF □	Food Sta	mps □ FDPIR □ Free/Reduce	d Lunch ESE Title 1
Type of Student: □ New □ Transfer □ F (New means you did not receive a scholarship ir from another Scholarship Organization in 2019-2 Add-on means you signed AAA scholarship chee	n 2019-20 for any sto 20. <u>Renewal</u> means	you signe	d AAA scholarship checks for t	his student in 2019-20.

BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION, INCLUDING THE SIGNATURE PAGE.

Questions? Call 1-888-707-2465 or Email FLdocs@aaascholarships.org

This application is the ONLY chance you have to explain your household situation. Please use additional paper if needed to give us ALL needed information to determine your eligibility. All information must be disclosed NOW. Failure to fully document and complete this application WILL result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made based on the original application and documentation.

2) Total Income Reported on 2019 Form 1040 line 7b (Attach a signed copy of the tax return, including all schedules and forms and all Forms W-2) 3) Net business income* from self-employment, farm, rentals, and other businesses from Form 1040, Schedule 1, lines 3, 5, and 6 (Attach Schedules C, E, and/or F from your 2019 Form 1040) * Business losses will be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligit H) NON-TAXABLE EARNINGS AND ASSISTANCE List the total annual amount received by everyone in the household from 1/1/19-12/31/19. DO NOT list monthly amounts. 1) Child Support \$ 6) Cash Assistance (TANF) 2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) 3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) \$ 9) Loans from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019	trile Statement on Page 7). # es \$ lines 3, 5, \$ susehold eligibility. hts. \$ \$
1) Total number of dependents listed on 2019 Form 1040 2) Total Income Reported on 2019 Form 1040 line 7b (Attach a signed copy of the tax return, including all schedules and forms and all Forms W-2) 3) Net business income* from self-employment, farm, rentals, and other businesses from Form 1040, Schedule 1, lines 3, 5, and 6 (Attach Schedules C, E, and/or F from your 2019 Form 1040) * Business losses will be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligit H) NON-TAXABLE EARNINGS AND ASSISTANCE List the total annual amount received by everyone in the household from 1/1/19-12/31/19. DO NOT list monthly amounts. 1) Child Support 5 (6) Cash Assistance (TANF) 2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) 3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) 4) Gifts from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019	# # s \$ s s s s s s s s s s s s s s s s
2) Total Income Reported on 2019 Form 1040 line 7b (Attach a signed copy of the tax return, including all schedules and forms and all Forms W-2) 3) Net business income* from self-employment, farm, rentals, and other businesses from Form 1040, Schedule 1, lines 3, 5, and 6 (Attach Schedules C, E, and/or F from your 2019 Form 1040) * Business losses will be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligit H) NON-TAXABLE EARNINGS AND ASSISTANCE List the total annual amount received by everyone in the household from 1/1/19-12/31/19. DO NOT list monthly amounts. 1) Child Support \$ 6) Cash Assistance (TANF) 2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) 3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) \$ 9) Loans from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019	ines 3, 5, \$ busehold eligibility. hts. \$ sarsonage, \$
and 6 (Attach Schedules C, E, and/or F from your 2019 Form 1040) * Business losses will be adjusted to zero and therefore the total income will be adjusted accordingly to determine household eligit **I) NON-TAXABLE EARNINGS AND ASSISTANCE ist the total annual amount received by everyone in the household from 1/1/19-12/31/19. DO NOT list monthly amounts. 1) Child Support \$ 6) Cash Assistance (TANF) 2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) 3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) 4) Gifts from family and/or friends \$ 9) Loans from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019	pusehold eligibility. Ints. \$ \$ parsonage, \$
H) NON-TAXABLE EARNINGS AND ASSISTANCE List the total annual amount received by everyone in the household from 1/1/19-12/31/19. DO NOT list monthly amounts. 1) Child Support \$ 6) Cash Assistance (TANF) 2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) 3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) \$ 9) Loans from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019	s sparsonage,
1) Child Support S 6) Cash Assistance (TANF) 2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) 3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) 4) Gifts from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019 \$ 0) Cash Assistance (TANF) 7) Food Stamps 8) Housing Assistance (Sec. 8, HUD, parsonage, etc.)	\$ \$ \$ parsonage, \$
2) Social Security income (SSA/SSD, etc.) (Provide documentation for all recipients in household.) 3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) 4) Gifts from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019 \$ 7) Food Stamps 8) Housing Assistance (Sec. 8, HUD, parsonage, etc.) 9) Loans from family and/or friends	\$ parsonage, \$
documentation for all recipients in household.) 3) Other non-taxable income (Working for cash, Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) 4) Gifts from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019 \$ 1) Food Stamps 8) Housing Assistance (Sec. 8, HUD, parsonage, etc.) 9) Loans from family and/or friends	parsonage, \$
Adoption and/ or Foster Subsidy, Worker's Comp., Disability, Pension / Retirement, etc.) 4) Gifts from family and/or friends 5) Personal Savings/Investment Accounts used for household expenses in 2019 \$ Symbol No. \$ 9) Loans from family and/or friends	Ψ
5) Personal Savings/Investment Accounts <u>used</u> for household expenses in 2019	\$
household expenses in 2019	
(Do not include totals listed in Section I)	
You must provide 2019 documentation for items 2-9; either an official year-end statement or documentation showing totals from 1/	totals from 1/1/19-12/31/19.
) UNUSUAL CIRCUMSTANCE (tell us if your current circumstances are different from 2019)	2019)
☐ Loss of job ☐ Child support reduction ☐ Bankruptcy	
☐ Recent separation/divorce ☐ Change in family living status ☐ Became eligible for disabili	ole for disability insurance
☐ Change in work status ☐ Death in the household ☐ Became eligible for social s	
☐ Income reduction ☐ Change in custody ☐ Other	ole for social security

BE SURE TO COMPLETE ALL PAGES OF THE APPLICATION, INCLUDING THE SIGNATURE PAGE.

Processing of applications is typically completed within 10-12 weeks once ALL required documentation is received. To check the processing status of your application, go to https://webportalapp.com/sp/aaasf_floridaincome_20 Questions? Call 1-888-707-2465 or Email FLdocs@aaascholarships.org

This application is the ONLY chance you have to explain your household situation. Please use additional paper if needed to give us ALL needed information to determine your eligibility. All information must be disclosed NOW. Failure to fully document and complete this application WILL result in your application being denied. You will not be able to provide additional information after processing to change the decision of eligibility made base on the original application and documentation.

2020-2021 AAA-FLC	RIDA K-12 Private School Tax (Credit Scholarship Application - Page 5
K) HOW DID YOU HEA	R ABOUT AAA SCHOLARSHIP	PROGRAM?
Renewing Household	☐ Flyer, brochure or poster	☐ Internet Search
☐ Another scholarship parent	☐ At an event in my community	☐ Social Media (Facebook, Twitter, etc.)
Referred by friend, family or work associate not on scholarship	Newspaper ad or article	☐ Employer communication
☐ Referred by private school	☐ State Agency	☐ Other:
✓ I certify that the information p complete to the best of my know receive a scholarship for which the scholarship for management is a scholar scholar formation for the purpose of het his information for the purpose of het his information which is scholarship for the scholar	ledge. I understand that if I give information they are not eligible, I can be lawfully punished an of a student on this application is an owner eligible private school or not at the school whitton I provide at any time will be verified, which may be required to provide other information for ship Foundation does not discriminate becaution, or gender identification or expression. Foundation to make this form and the information se scholarships. The responsibilities as they apply to the program org. Foundation to make this form and the information of the scholarships are sponsibility to notify my child's public school disconsibility to reapply and document my eligibil dent(s) into a private school before receipt of eir tuition and the student(s) may not qualify the and responsibility to read and understand a private and eligible private school. Scholarship Foundation may obtain my child applied to determine my child's eligibility for the foundation to determine my child's eligibility for the foundation may obtain my child applied to the foundation may obtain my child the program of the foundation may obtain my child the program of the foundation may obtain my child the foundation my	documentation submitted at any time is true, correct and hat is not true or if I withhold information and my student(s) d for fraud and the scholarship will be denied or revoked. It, operator, principal or person with equivalent ch my student will attend. It may include computer file matching, public records in and/or documentation. For the purpose of determining eligibility and for research, use of race, color, sex, age, disability, religion, nationality, attion therein available to the appropriate state agencies as as set forth in the Parent and School Handbook, available am not automatically entitled to a scholarship in following strict if I intend to withdraw him/her. It if it whenever I am required to if I accept a scholarship. I a Scholarship Award Letter and School Commitment Form for future scholarship funding. I understand funding is not private school's admission and conduct policy before It's free and reduced price meal and free milk eligibility Florida Tax Credit Scholarship Program. I understand that in, I may limit my consent to only those programs with which
IN) SIGNATURES (Hand-	Signed only. E-Signatures will not be ac	Date
Parent/Guardian A		
Parent/Guardian B		Date
□ Birth Certificates required □ 2019 Hand-Signed Form □ 2019 Non-taxable Earnin □ Sworn Statement for IRS □ Letter/documentation of U □ Certificate of Eligibility to □ Separation/Divorce Agree	e following with the completed application of for all children 18 years of age and you 1040 (No E-Signatures) + all Schedulet gs and Assistance Documentation, if applicable Tax Return (page 7), if applicable to the complete of the compl	s/Forms + all Forms W-2 (No Extensions Accepted) plicable

Mail All Pages of the Completed Application and Required Documentation to:

AAA Scholarship Foundation, P.O. Box 15719, Tampa, FL 33684-5719

Processing of applications is typically completed within 10-12 weeks once ALL required documentation is received. To check the processing status of your application, go to https://webportalapp.com/sp/aaasf_floridaincome_20 Questions? Call 1-888-707-2465 or Email FLdocs@aaascholarships.org

Florida Certificate of Eligibility to Transfer – Page 6
This form is required if your student(s) is transferring to AAA from another Scholarship Funding Organization (SFO) in order to be given priority processing. Make additional copies of this form if you have more than two students.
This form is to be completed by the school that received funding from the SFO for that school year.
I/We give the school permission to release information about my child(ren)'s scholarship history to AAA Scholarship Foundation, Inc.
Parent or guardian signature
STUDENT NAME:
DID THE STUDENT RECEIVE FUNDS FROM AN SFO DURING 2019-2020? YES NO
NAME OF AWARDING SCHOOL TUITION ORGANIZATION(S):
WHAT SCHOOL YEAR(S) DID THE STUDENT RECEIVE FUNDS?
AMOUNT RECEIVED BY SCHOOL:
STUDENT NAME (if additional)
DID THE STUDENT RECEIVE FUNDS FROM AN SFO DURING 2019-2020? YES NO
NAME OF AWARDING SCHOOL TUITION ORGANIZATION(S):
WHAT SCHOOL YEAR(S) DID THE STUDENT RECEIVE FUNDS?
AMOUNT RECEIVED BY SCHOOL:
This certifies that the student(s) listed above was the recipient of a
This certifies that the student(s) listed above was the recipient of a Tax Credit Scholarship from an SFO for the amounts and time periods listed above.
Printed Name of Authorized Representative Completing Form Title
Name of School Completing Form
Signature of Authorized Representative Completing Form Date

PARENT/GUARDIAN A Name:__

SS#

Mail or Email this Form along with All Pages of the Completed Application and Required Documentation to:

AAA Scholarship Foundation P.O. Box 15719 Tampa, FL 33684-5719

Sworn Statements for IRS Did Not File Tax Return – Page 7					
INSTRUCTIONS: A sworn statement should be completed for each person aged 18 and older residing in the household who did not file a 2019 tax return (Form 1040). Each person may be REQUIRED to provide additional documentation verifying their Did Not File status later this year. EVERY person aged 18 and older residing in the household who Did Not File taxes and is not claimed as a dependent on a provided Tax Return must complete one section of this form (make copies as needed).					
I,did (Print Name) □ I received no taxable income. My non-taxable earnings or ass □ My taxable income received was less than the amount require □ Other (explain)	ed for filing with the IRS. Amount received: \$				
I was NOT required to file a 2019 Federal Income Tax Return. In place of a tax return, I have completed this form and attached all earnings and assistance documentation. UNDER PENALTY OF PERJURY I DECLARE UNDER OATH THAT I DID NOT FILE A TAX RETURN FOR THE 2019 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VERIFICATION OF NON-FILING. I ALSO DECLARE UNDER OATH THAT ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.					
Signature of Person Who Did Not File	Relationship to PARENT/GUARDIAN A/B				
(Print Name) ☐ I received no taxable income. My non-taxable earnings or ass ☐ My taxable income received was less than the amount require ☐ Other (explain) ☐ I was NOT required to file a 2019 Federal Income Tax Return. In plearnings and assistance documentation. UNDER PENALTY OF PERJFOR THE 2019 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VEALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.	ed for filing with the IRS. Amount received: \$				
Signature of Person Who Did Not File	Relationship to PARENT/GUARDIAN A/B				
(Print Name) ☐ I received no taxable income. My non-taxable earnings or ass ☐ My taxable income received was less than the amount require ☐ Other (explain) I was NOT required to file a 2019 Federal Income Tax Return. In pl	ed for filing with the IRS. Amount received: \$				
earnings and assistance documentation. UNDER PENALTY OF PERJ FOR THE 2019 YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VE ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.					
Signature of Person Who Did Not File	Relationship to PARENT/GUARDIAN A/B				

PARENT/GUARDIAN A Name:__

Florida Scholarship Funding Organization Annual Application – Attachment I For the Fiscal Year Ended 6/30/22

A description of the deadlines for attendance verification and scholarship payments.

Once a household is determined eligible, they are provided with an award letter and school enrollment form for each scholarship student. The parent or guardian takes the award letter and school enrollment form to the eligible school of their choice and enrolls their student(s). The school returns the completed school enrollment form to AAA certifying that the student has accepted the scholarship and enrolled in an eligible private school.

Four times during the school year, AAA sends the school a verification form to ascertain whether the student remains enrolled, is attending the school regularly and is current on any funds personally owed to the school. Below is the calendar for the verification and scholarship payments for the 2020-2021 school year:

- 1. 1st Distribution
 - a. Friday September 11, 2020 Verification Reports Sent
 - b. Thursday September 17, 2020 Verification Reports Due
 - c. Tuesday September 22, 2020 Checks Mailed
- 2. 2nd Distribution
 - a. Friday October 30, 2020 Verification Reports Sent
 - b. Thursday November 5, 2020 Verification Reports Due
 - c. Tuesday November 10, 2020 Checks Mailed
- 3. 3rd Distribution
 - a. Friday February 12, 2021 Verification Reports Sent
 - b. Thursday February 18, 2021 Verification Reports Due
 - c. Tuesday February 23, 2021 Checks Mailed
- 4. 4th Distribution
 - a. Friday April 30, 2021 Verification Reports Sent
 - b. Thursday May 6, 2021 Verification Reports Due
 - c. Tuesday May 11, 2021 Checks Mailed

Once the verification report is received back, AAA scans it for any circumstances that would prohibit the disbursement of an award. If there are none noted, AAA disburses one quarter of the scholarship award in the form of a check made payable to the parent/guardian but for deposit only by the school. The parent/guardian must restrictively endorse the check over to the school before it can be deposited.

If the school is not meeting the needs of the scholarship student, the parent/guardian may transfer the student and the student's scholarship to a different eligible private school at any time.



Conflicts of Interest Policy

Article I Purpose

The purpose of the conflict of interest policy is to protect AAA Scholarship Foundation's (the "Organization") interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer or director of the Organization or might result in a possible excess benefit transaction. This policy is intended to supplement but not replace any applicable state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations.

Article II Definitions

1. Interested Person

Any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.

2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:

- **a.** An ownership or investment interest in any entity with which the Organization has a transaction or arrangement,
- **b.** A compensation arrangement with the Organization or with any entity or individual with which the Organization has a transaction or arrangement, or
- **c.** A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Organization is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board or committee decides that a conflict of interest exists.

Article III Procedures

1. Duty to Disclose

In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of committees with governing board delegated powers considering the proposed transaction or arrangement.

2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

3. Procedures for Addressing the Conflict of Interest

- **a.** An interested person may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest.
- **b.** The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement.
- **c.** After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.
- **d.** If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the

disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement.

4. Violations of the Conflicts of Interest Policy

- **a.** If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
- **b.** If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Article IV Records of Proceedings

The minutes of the governing board and all committees with board delegated powers shall contain:

- **a.** The names of the persons who disclosed or otherwise were found to have a financial interest in connection with an actual or possible conflict of interest, the nature of the financial interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
- **b.** The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Article V Compensation

- **a.** A voting member of the governing board who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- **b.** A voting member of any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization for services is precluded from voting on matters pertaining to that member's compensation.
- **c.** No voting member of the governing board or any committee whose jurisdiction includes compensation matters and who receives compensation, directly or indirectly, from the Organization, either individually or collectively, is prohibited from providing information to any committee regarding compensation.

Article VI Annual Statements

Each director, principal officer and member of a committee with governing board delegated powers shall annually sign a statement which affirms such person:

- a. Has received a copy of the conflicts of interest policy,
- **b.** Has read and understands the policy.
- c. Has agreed to comply with the policy, and
- **d.** Understands the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

Article VII Periodic Reviews

To ensure the Organization operates in a manner consistent with charitable purposes and does not engage in activities that could jeopardize its tax-exempt status, periodic reviews shall be conducted. The periodic reviews shall, at a minimum, include the following subjects:

- **a.** Whether compensation arrangements and benefits are reasonable, based on competent survey information, and the result of arm's length bargaining.
- **b.** Whether partnerships, joint ventures, and arrangements with management organizations conform to the Organization's written policies, are properly recorded, reflect reasonable investment or payments for goods and services, further charitable purposes and do not result in inurement, impermissible private benefit or in an excess benefit transaction.

Article VIII Use of Outside Experts

When conducting the periodic reviews as provided for in Article VII, the Organization may, but need not, use outside advisors. If outside experts are used, their use shall not relieve the governing board of its responsibility for ensuring periodic reviews are conducted.

Please complete the form below and fax or email it to Kim Dyson at 888-707-2465 or kim@aaascholarships.org.
I,, am a Director, Principal Officer or Member of a committee with governing board delegated powers of AAA Scholarship Foundation, Inc. and I
a. Have received a copy of the conflicts of interest policy,
b. Have read and understands the policy,
c. Have agreed to comply with the policy, and
d. Understand the Organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.
Signature
Date Signed



Policy on Fraud and Employee Protection (Whistleblower)

Article 1 - General

AAA Scholarship Foundation, Inc. (the "Organization") requires directors, officers and employees to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of the Organization, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

Article II - Reporting Responsibility

It is the responsibility of all directors, officers and employees to report misconduct, dishonesty and fraud or suspected violations of misconduct, dishonesty and fraud in accordance with this Policy.

Article III - No Retaliation

No director, officer or employee who in good faith reports a violation or suspected violation shall suffer harassment, retaliation or adverse employment consequence. An employee who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment. This Policy is intended to encourage and enable employees and others to raise serious concerns within the Organization prior to seeking resolution outside the Organization.

Article IV - Examples of Misconduct, Dishonesty and Fraud

For purposes of this policy, misconduct, dishonesty and fraud include but are not limited to:

- Acts which violate the organization's Code of Conduct
- Theft or other misappropriation of assets, including assets of the Organization, our donors, constituents, suppliers or others with whom we have a business relationship
- Misstatements and other irregularities in Organization records, including the intentional misstatement of the results of operations
- Profiteering as a result of insider knowledge of Organization activities
- Disclosing confidential and proprietary information to outside parties
- Forgery or other alteration of documents
- Accepting or seeking anything of value from constituents, donors, contractors, vendors, or other persons providing services/materials to the Organization.
- Fraud and other unlawful acts
- Any similar acts or related irregularity

Article V - Reporting Violations

The Organization has an open door policy and suggests that you share your questions, concerns, suggestions or complaints with someone who can address them properly. In most cases, your supervisor is in the best position to address an area of concern. However, if you are not comfortable speaking with your supervisor or you are not satisfied with your supervisor's response, you are encouraged to call our toll-free hotline at 1-877-767-7781 or email AAAScholarships@getintouch.com with your concern.

In order to provide an appropriate process for communicating and reporting known or suspected fraud related to the actions of the Organization's management, all communications with the independent company administering the hotline will be directly reported to the Board of Directors.

Article VI - Responsibility for Investigating Reported Violations

The Board of Directors is responsible for investigating and resolving all reported violations or suspected violations.

Article VII - Acting in Good Faith

Anyone filing a complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

AAA Scholarship Foundation, Inc.
Policy on Fraud and Employee Protection (Whistleblower)

Article VIII - Confidentiality

Violations or suspected violations may be submitted on a confidential and anonymous basis. Reports of violations or suspected violations will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

Article IX - Handling of Reported Violations

All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation. You may call back the toll-free hotline at 1-877-767-7781 within three to four days after leaving your message or sending your email to hear a message from the Organization regarding the status of your case. You will be asked to enter the five-digit case number that was provided at the time of the report.

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING OF POLICY ON FRAUD AND EMPLOYEE PROTECTION (WHISTLEBLOWER)

	nderstanding of this policy. It also verifies that I have been about the policy.
Employee Signature	Date Signed
provided with an opportunity to ask questions about the policy.	

State of Florida

SCHOLARSHIP FUNDING ORGANIZATION BOND

Bond No.21BSBHW2042 (To be Assigned by Surety)

Know All Men By These Presents, that located/at_14310 Carlson Dr., J2, Tampa, FL 33626	we	AAA Scholarship Foundation – FL, LLC	(Principal)	
Principal)			(Addiess)	

as Principal and Hartford Fire Insurance Company, a corporation of the State of Connecticut lawfully doing business in (Surety Company)

the State of Florida, as Surety, are held and firmly bound unto an eligible nonprofit scholarship-funding organization, pursuant to 1002.395 F.S. for the use and benefit of any student who would have had scholarships funded but for a diversion of funds giving rise to the claim against this bond in the sum of \$20,120,000.00 for which sum well and truly to be paid to the eligible nonprofit scholarship-funding organization, for the use and benefit of any student who would have had scholarship funded but for the diversion of funds giving rise to the claim against the bond, said Principal and Surety bind themselves, their heirs, executors, administrators, successors, and assigns, jointly and severally, firmly by these presents.

Whereas, the above bounded Principal, a "Scholarship Funding Organization," desires to operate its organization at the above stated location as authorized by and in conformity with the provisions of the Florida Statutes and all rules and regulations promulgated by the Department of Education thereunder, and

Whereas, said "Florida K-20 Education Code" requires the filing of a letter of credit or a surety bond in the sum of \$20,120,000.00 (as determined by the formula in section 1002.395, F.S., adjustable quarterly to equal the actual amount of undisbursed funds based upon submission by the organization of a statement from a certified public accountant verifying the amount of undisbursed funds) before a 'Certificate of Authorization' can be issued to the organization.

Now, Therefore, The Condition Of This Obligation is that if the Principal or any of its officers, agents, or employees, shall well and truly perform its obligations as set forth under section 1002.395, F.S., then this obligation shall be null and void; otherwise it shall remain in full force and effect.

- 1. The aggregate Liability of the Surety shall not exceed the penal sum of the bond, as required by section 1002.395, F.S., on all breaches of the condition of the bond by the Principal and its officers, agents, or employees, nor shall the sum of the bond be considered cumulative from year to year. Should the Principal fail with respect to any of its statutory obligations under section 1002.395, F.S., as evidenced by agency action taken by the Florida Department of Education, resulting in a diversion, giving rise to the claim against the bond, of funds that would have been provided as scholarship funds to student(s), then immediately upon demand, the Surety will be obligated to pay such scholarship funds hereunder up to the amount of such bond to the eligible nonprofit scholarship funding organization.
- 2. The Surety shall have the right to cancel this bond at any time by written notice, stating when the cancellation shall take effect and served by registered mail to the Office of Independent Education and Parental Choice at least thirty (30) days prior to the date that the cancellation becomes effective, but said Surety so filing said notice shall not be discharged from any liability already accrued or incurred under this bond or which shall accrue or incur hereunder before the expiration of said thirty (30) day period, whether known or unknown at the time of expiration.
- 3. Without limiting the effect of any other provision herein which is not in conflict therewith, this bond is to be construed as a statutory bond under the provision of section 1002.395, F.S., the Florida K-20 Education Code.

Signed and sealed this 1st day of September, 2020.

Attest

(Witness) Milann Bram

(Witness) Brandy &Bai

AAA Scholarship Foundation – FL, LLC

(Principar)

Hartford Fire Insurance Company (Surety)

By

David B. Shick, Attorney-In-Fact & Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to: THE HARTFORD BOND, T-12

One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

Agency Name: PROSURE GROUP LLC

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Code: 21-229748
Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida
֡

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, up to the amount of Unlimited:

Brandy Baich, David B. Shick of TAMPA, Florida

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by \boxtimes , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

SS. Hartford

COUNTY OF HARTFORD

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

CERTIFICATE

Kathleen T. Maynard

Kathleen T. Maynard

Notary Public

My Commission Expires July 31, 2021

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of Signed and sealed at the City of Hartford.

September 1, 2020

















Kevin Heckman, Assistant Vice President

An annual report that includes 1) the number of students who completed applications, by county and by grade, 2) the number of students who were approved for scholarships, by county and by grade, and 3) the number of students who received funding for scholarships within each category, by county and by grade, as well as 4) the amount of funds received, 5) the amount of funds distributed in scholarships, and 6) an accounting of remaining funds and the obligations of those funds.

) Completed Applications	County	Number	County	Number	County	Number	County	Number	Grade	Number
, completed Applications	Alachua	80	Franklin	0	Lee	99	Pinellas	264	-1	204
	Baker	2	Gadsden	42	Leon	73	Polk	191	K	61
	Bay	7	Gilchrist	14	Levy	21	Putnam	8	1	58
	Bradford	2	Glades	1	Liberty	0	Santa Rosa	22	2	43
	Brevard	119	Gulf	0	Madison	3	Sarasota	94	3	41
	Broward	592	Hamilton	5	Manatee	151	Seminole	81	4	41
	Calhoun	0	Hardee	0	Marion	110	St. Johns	61	5	39
	Charlotte	23	Hendry	15	Martin	5	St. Lucie	79	6	45
	Citrus	35	Hernando	77	Miami-Dade	972	Sumter	4	7	40
	Clay	28	Highlands	36	Monroe	4	Suwannee	20	. 8	38
	Collier	67	Hillsborough	425	Nassau	20	Taylor	4	9	40
	Columbia	10	Holmes	0	Okaloosa	15	Union	3	10	39
	DeSoto	5	Indian River	5	Okeechobee	0	Volusia	133	11	29
	Dixie	10	Jackson	1	Orange	491	Wakulla	2	12	26
	Duval	276	Jefferson	2	Osceola	210	Walton	4	13	
	Escambia	104	Lafayette	2	Palm Beach	254	Washington	0		
	Flagler	54	Lake	79	Pasco	167	Out of State	0		
	0							-		
Approved for Scholarships	County	Number	County	Number	County	<u>Number</u>	County	Number	<u>Grade</u>	Number
	Alachua	62	Franklin	0	Lee	76	Pinellas	173	K	43
	Baker	2	Gadsden	31	Leon	54	Polk	142	1	46
	Bay	3	Gilchrist	10	Levy	12	Putnam	6	2	32
	Bradford	1	Glades	0	Liberty	0	Santa Rosa	14	3	32
	Brevard	87	Gulf	0	Madison	3	Sarasota	75	4	31
	Broward	402	Hamilton	5	Manatee	109	Seminole	54	5	30
	Calhoun	0	Hardee	0	Marion	81	St. Johns	45	6	34
	Charlotte	17	Hendry	15	Martin	4	St. Lucie	54	7	33
	Citrus	26	Hernando	59	Miami-Dade	667	Sumter	2	8	28
	Clay	18	Highlands	25	Monroe	1	Suwannee	10	9	30
	Collier	54	Hillsborough	319	Nassau	12	Taylor	4	10	28
	Columbia	7	Holmes	0	Okaloosa	14	Union	3	11	21
	DeSoto	4	Indian River	4	Okeechobee	0	Volusia	103	12	19
	Dixie	10	Jackson	0	Orange	358	Wakulla	1		
	Duval	227	Jefferson	0	Osceola	167	Walton	2		
	Escambia	77	Lafayette	2	Palm Beach	159	Washington	0		
	Flagler	39	Lake	64	Pasco	132				
A de la coltación de la de									01	
Scholarships Funded	County	Number	County	<u>Number</u>	County	<u>Number</u>	County	Number 117	<u>Grade</u>	Number
	Alachua	42	Franklin	0	Lee	48	Pinellas	117	K	28
	Baker	0 2	Gadsden Gilchrist	26 9	Leon	35 9	Polk	99 5	1 2	32
	Bay			0	Levy		Putnam			23 21
	Bradford	0	Glades		Liberty	0	Santa Rosa	11	3	
								53	4	20
	Brevard	68	Gulf	0	Madison	0	Sarasota			
	Broward	250	Hamilton	4	Manatee	65	Seminole	30	5	
	Broward Calhoun	250 0	Hamilton Hardee	4 0	Manatee Marion	65 52	Seminole St. Johns	30 30	5 6	20 22
	Broward Calhoun Charlotte	250 0 9	Hamilton Hardee Hendry	4 0 14	Manatee Marion Martin	65 52 4	Seminole St. Johns St. Lucie	30 30 37	5 6 7	22 20
	Broward Calhoun Charlotte Citrus	250 0 9 17	Hamilton Hardee Hendry Hernando	4 0 14 52	Manatee Marion Martin Miami-Dade	65 52 4 466	Seminole St. Johns St. Lucie Sumter	30 30 37 2	5 6 7 8	22 20 19
	Broward Calhoun Charlotte Citrus Clay	250 0 9 17 13	Hamilton Hardee Hendry Hernando Highlands	4 0 14 52 17	Manatee Marion Martin Miami-Dade Monroe	65 52 4 466 0	Seminole St. Johns St. Lucie Sumter Suwannee	30 30 37 2 7	5 6 7 8 9	22 20 19 18
	Broward Calhoun Charlotte Citrus Clay Collier	250 0 9 17 13 35	Hamilton Hardee Hendry Hernando Highlands Hillsborough	4 0 14 52 17 205	Manatee Marion Martin Miami-Dade Monroe Nassau	65 52 4 466 0 8	Seminole St. Johns St. Lucie Sumter Suwannee Taylor	30 30 37 2 7 4	5 6 7 8 9 10	22 20 19 18 19
	Broward Calhoun Charlotte Citrus Clay Collier Columbia	250 0 9 17 13 35 4	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes	4 0 14 52 17 205 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa	65 52 4 466 0 8 9	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union	30 30 37 2 7 4	5 6 7 8 9 10 11	22 20 19 18 19
	Broward Calhoun Charlotte Citrus Clay Collier Columbia DeSoto	250 0 9 17 13 35 4	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River	4 0 14 52 17 205 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee	65 52 4 466 0 8 9	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia	30 30 37 2 7 4 3	5 6 7 8 9 10	22 20 19 18 19
	Broward Calhoun Charlotte Citrus Clay Collier Columbia DeSoto Dixie	250 0 9 17 13 35 4 1	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson	4 0 14 52 17 205 0 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee Orange	65 52 4 466 0 8 9 0	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla	30 30 37 2 7 4 3 83	5 6 7 8 9 10 11	22 20 19 18 19
	Broward Calhoun Charlotte Citrus Clay Collier Columbia DeSoto Dixie Duval	250 0 9 17 13 35 4 1 9	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson Jefferson	4 0 14 52 17 205 0 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee Orange Osceola	65 52 4 466 0 8 9 0 226	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla Walton	30 30 37 2 7 4 3 83 0	5 6 7 8 9 10 11	22 20 19 18 19
	Broward Calhoun Charlotte Citrus Clay Collier Columbia DeSoto Dixie Duval Escambia	250 0 9 17 13 35 4 1 9	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson Jefferson Lafayette	4 0 14 52 17 205 0 0 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee Orange Osceola Palm Beach	65 52 4 466 0 8 9 0 226 115	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla	30 30 37 2 7 4 3 83	5 6 7 8 9 10 11	22 20 19 18 19
	Broward Calhoun Charlotte Citrus Clay Collier Columbia DeSoto Dixie Duval Escambia Flagler	250 0 9 17 13 35 4 1 9	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson Jefferson Lafayette Lake	4 0 14 52 17 205 0 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee Orange Osceola	65 52 4 466 0 8 9 0 226	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla Walton	30 30 37 2 7 4 3 83 0	5 6 7 8 9 10 11	22 20 19 18 19
ess 3% Administrative Allowan	Broward Calhoun Charlotte Citrus Clay Collier Columbia DeSoto Dixie Duval Escambia Flagler	250 0 9 17 13 35 4 1 9 163 53 32	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson Jefferson Lafayette Lake \$ 30,244,142 \$ (1,033,272)	4 0 14 52 17 205 0 0 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee Orange Osceola Palm Beach	65 52 4 466 0 8 9 0 226 115	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla Walton	30 30 37 2 7 4 3 83 0	5 6 7 8 9 10 11	22 20 19 18 19
) Funds Received During 2019 ess 3% Administrative Allowan quals Net 2019-20 Funds Avail	Broward Calhoun Charlotte Citrus Clay Collier Columbia DeSoto Dixie Duval Escambia Flagler	250 0 9 17 13 35 4 1 9 163 53 32	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson Jefferson Lafayette Lake	4 0 14 52 17 205 0 0 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee Orange Osceola Palm Beach	65 52 4 466 0 8 9 0 226 115	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla Walton	30 30 37 2 7 4 3 83 0	5 6 7 8 9 10 11	22 20 19 18 19
ess 3% Administrative Allowan	Broward Calhoun Charlotte Citrus Clay Collier DeSoto Dixie Duval Escambia Flagler	250 0 9 17 13 35 4 1 9 163 53 32	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson Jefferson Lafayette Lake \$ 30,244,142 \$ (1,033,272)	4 0 14 52 17 205 0 0 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee Orange Osceola Palm Beach	65 52 4 466 0 8 9 0 226 115	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla Walton	30 30 37 2 7 4 3 83 0	5 6 7 8 9 10 11	22 20 19
ess 3% Administrative Allowan quals Net 2019-20 Funds Availi	Broward Calhoun Charlotte Citrus Clay Collier Columbia DeSoto Dixie Duval Escambia Flagler 20 ce able for Scholi. 2019-20 Funds	250 0 9 17 13 35 4 1 9 163 53 32	Hamilton Hardee Hendry Hernando Highlands Hillsborough Holmes Indian River Jackson Jefferson Lafayette Lake \$ 30,244,142 \$ (1,033,272) \$ 29,210,870	4 0 14 52 17 205 0 0 0	Manatee Marion Martin Miami-Dade Monroe Nassau Okaloosa Okeechobee Orange Osceola Palm Beach	65 52 4 466 0 8 9 0 226 115	Seminole St. Johns St. Lucie Sumter Suwannee Taylor Union Volusia Wakulla Walton	30 30 37 2 7 4 3 83 0	5 6 7 8 9 10 11	22 20 19 18 19

The remaining 2019-20 funds are being used to fund scholarship disbursements during the 2020-21 school year. As of 8/31/2020, 1,583 students have been awarded scholarships for the 2020-21 school year, totalling just under \$11 million. Undisbursed donations in excess of the allowed carryover will be transferred to another SFO by September 30th to provide scholarships for eligible low-income students.

AAA Scholarship Foundation
Florida Scholarship Funding Organization
Annual Renewal Application - Attachment M
For the Fiscal Year Ended 6/30/22

A detailed accounting of how the organization spent the administrative funds, if applicable

2019-20 School Year	FTC	G	Gardiner	Net
Program-Related Payroll, Taxes and Benefits	\$ 278,337	\$	255,317	\$ 533,654
Program-Related Travel and Meetings	4,645		2,046	6,690
Expenses Related to Recruitment of Program Contributions	251,489		0	251,489
Program-Related General Admin Expenses	391,712		95,385	487,097
Program-Related Facility Expenses	 31,471		26,182	57,654
Total Expenses Related to the Management and Distribution of Scholarships Awarded	\$ 957,654	\$	378,930	\$ 1,336,584
Less 3% Administrative Allowance	 (754,468)		(278,804)	(1,033,272)
Unfunded Expenses Related to the Management and Distribution of Scholarships Awarded	\$ 203,186	\$	100,126	\$ 303,312

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

	120	` ^	\wedge
n	/ .3 L) 20 2.	()

7/01 2019 and ending

OMB No. 1545-1878

Department of the Treasury		d to the IRS. Keep	o for your records.		2019
Internal Revenue Service Name of exempt organization	► Go to www.irs.go	OV/FORM8879EU TO	or the latest information	n. Employer identifi	cation number
, ,	AA Scholarship Foun	dation. I	nc.	27-2559	
	Cimberly Dyson	<u>, _</u>		1 - 1	
	hief Exec Officer				
Part I Type of I	Return and Return Information	(Whole Dollar	s Only)		
Check the box for the return	n for which you are using this Form 8879	9-EO and enter the	applicable amount, if ar	ny, from the return.	If you
	a, 3a, 4a, or 5a, below, and the amount				
	r 5b, whichever is applicable, blank (do		if you entered -0- on the	return, then enter	-0- on
• • •	o not complete more than one line in P				46 044 224
1a Form 990 check here		990, Part VIII, col	umn (A), line 12)		46,844,334
2a Form 990-EZ check he		orm 990-EZ, line 9))	2b	
3a Form 1120-POL check4a Form 990-PF check he	`	t income (Form 0	00 DE Port \/L line 5\	3D	
5a Form 8868 check here		ne 3c)	90-FF, Fait VI, lille 5)	40 <u>—</u> 5h	
Ja i oilli oooo check hele	b Balance Due (1 01111 0000, 11	ne 50)		3b <u> </u>	
Part II Declarati	on and Signature Authorization	on of Officer			
organization's electronic re to send the organization's re the transmission, (b) the re authorize the U.S. Treasury financial institution account return, and the financial ins Agent at 1-888-353-4537 n involved in the processing resolve issues related to the	lete. I further declare that the amount in turn. I consent to allow my intermediate return to the IRS and to receive from the ason for any delay in processing the retarn and its designated Financial Agent to in indicated in the tax preparation softward titution to debit the entry to this account to later than 2 business days prior to the of the electronic payment of taxes to rece payment. I have selected a personal in licable, the organization's consent to electronic payment to electronic payment.	service provider, to IRS (a) an acknown urn or refund, and nitiate an electronice for payment of the To revoke a payment (settlement eive confidential indentification number 1988).	ransmitter, or electronic ransmitter, or electronic rate of the date of any refunction funds withdrawal (direction of the date of the late	return originator (El reason for rejection d. If applicable, I at debit) entry to the taxes owed on this J.S. Treasury Finar the financial instituanswer inquiries an	n of e ncial utions d
Officer's PIN: check one I	oox only				
I authorize			to enter my PIN	as	my signature
	ERO firm name			Enter five numbers, do not enter all zero	
on the avecuination	's tay year 2010 also transically filed return	- If I have indicate	alithin this natuum that		
being filed with a st ERO to enter my P X As an officer of the	's tax year 2019 electronically filed retur ate agency(ies) regulating charities as p IN on the return's disclosure consent sco organization, I will enter my PIN as my s vithin this return that a copy of the return	eart of the IRS Fed, reen. signature on the or	'State program, I also au ganization's tax year 20'	thorize the aforements 19 electronically file	entioned ed return.
the IRS Fed/State	ogram, will enter my PIN on the return	n's disclosure cons	sent screen.	nating charities as p	partor
Officer's signature	emberh harm		Date •	11/19/20	
	tion and Authentication		Date y		
	ur six-digit electronic filing identification				
number (EFIN) followed by	your five-digit self-selected PIN.			·	0546701312 Do not enter all zeros
indicated above. I confirm t	eric entry is my PIN, which is my signat hat I am submitting this return in accord IRS <i>e-file</i> Providers for Business Return	ance with the requ	•	•	MeF)
ERO's signature	berly Dyson, CPA		Date ▶	11/19/20	
	ERO Must Retain	This Form —	See Instructions		
	Do Not Submit This Form	to the IRS Un	less Requested To	Do So	
For Paperwork Reduction	Act Notice, see back of form.		•		Form 8879-EO (2019

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 2019 Open to Public Inspection ► Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

vear beginning 07 / 01 / 19 and ending 06 / 30 / 20

<u> </u>				beginning)	//01/1	9, and ending	06/3	0/2	10	D 5	
В	Check if applicable:	C Name of organiza					_			D Employ	er identification number
\square	Address change			AA SCNOL	arsnıp	Foundation	, inc.	•			550460
	Name change	Doing business as Number and stree		if mail is not delive	red to street ac	ldrees)			Room/suite		2559468 ne number
	Initial return	PO Box 1	•	ii iiiaii is iiot deiive	ieu lo sileel ac	iui ess)			100m/suite		707-2465
Н	Final return/	City or town, state		ountry, and ZIP or	foreign postal	code					707 2200
Ш	terminated	Tampa			FL 3368	84				G Gross re	ceipts 55,517,806
	Amended return	F Name and addres	s of principal o			-				G Gloss le	
	Application pending								H(a) Is this a g	oup return for	subordinates Yes X No
ш		PO Box							H(b) Are all su	hordinates in	cluded? Yes No
			13/13	•	TO T	33684			1		t. (see instructions)
	_	Tampa		/ \ 1						, ашанга по	(000
<u> </u>	Tax-exempt status		501(c)		(insert no.)	4947(a)(1) or	527				_
J		ww.aaasc						ı	H(c) Group ex		
	Form of organization		Trust	Association	Other -			L Ye	ar of formation: 2	010	M State of legal domicile: GA
F		ummary									
_	1 Briefly d			ission or mos	t significant	activities:					
Governance	See	Schedule ()								
nar											
/eri											
ő	2 Check th	nis box 🖊 if th	e organiza	tion discontinu	ed its oper	ations or dispose	d of more	than	25% of its ne	t assets.	
	3 Number	of voting member	•			. 10)				۱ ء	4
Se						dy (Part VI, line 1	 h)			4	3
Ę	5 Total nu	mher of individua	le employe	nd in calendar	vear 2010	(Part V, line 2a)				5	18
Activities &					`						0
ĕ		mber of voluntee									
						line 12					0
	b Net unre	elated business ta	axable inco	me from Forn	n 990-1, line	39	<u> </u>	<u> </u>		7b	0
	0 0 4	.t:	/D 4 \ /	: 4l-)					Prior Ye 50 , 74		Current Year
ne	8 Contribu	itions and grants	(Part VIII,	ine in)							
en,		n service revenue								0,762	
Revenue									89.	1 , 337	749,966
	11 Other re	venue (Part VIII,	column (A), lines 5, 6d,	Bc, 9c, 10c,	and 11e)					0
	12 Total rev	venue – add lines	8 through	11 (must equ	al Part VIII,	column (A), line	12)		51,69	7 , 976	46,844,334
	13 Grants a	and similar amour	nts paid (Pa	art IX, column	(A), lines 1	-3)			44,88	3,801	29,009,395
	14 Benefits	paid to or for me	mbers (Pa	rt IX, column	(A), line 4)						0
S						lumn (A), lines 5-	-10)		75	1,830	919,359
Expenses	16aProfessi	onal fundraising					,			7,100	
be	h Total fur	ndraising expense				756,2	215			. , =	, , = , = ,
Ж	17 Other ex	cpenses (Part IX,	•	, ,					1 - 08	3,442	931,212
						n (A), line 25)			47,65		
						i (A), iiile 25)				1,803	
JC Se	is Kevenue	e less expenses.	Subtract III	ie io irom iin	5 1∠				Beginning of Cu		End of Year
Net Assets or	20 Total ass	sets (Part X, line	16)						60,78		
4SS(24 Total 45	bilities (Part X, line	- 26)						36,09		
e E	21 TOtal liai	•							24,69		
		ets or fund baland		ct line 21 from	1 line 20		· · · · · · · · · · · · · · · · · · ·		24,09	U, 1/0	33,343,447
*****		ignature Bloc									
											f my knowledge and belief, it
	ue, correct, and	complete. Declarat	ion oi prepa	rer (other than o	officer) is bas	ed on all informatio	n oi which	prepa	rer has any kno	owieage.	
Si	gn 🛛 🏲 🧐	Signature of officer								Date	
He	ere	Kimberly	y Dysc	on			Chi	.ef	Exec C	ffice	er
		Type or print name and	l title								
	Print/Typ	pe preparer's name			Preparer's sig	nature			Date	Check	if PTIN
Pai	id Kimbe	rly Dyson, CI	PA		Kimberly	Dyson, CPA			11/24	./20 self-ei	
Pre	eparer Firm's na			usiness					'	Firm's EIN	27-3446481
	e Only		Box		TAME	DOT B				IIII S EIN 🚩	21 3110101
_ •	-				21677						727_204 6500
N / -	Firm's ac		dsmar		34677	notructions\				Phone no.	727-204-6500
	•	uss this return wit			•	nstructions)					X Yes No
COL	FADELWOLK KAC	JUCHON ACT NOTICE	· SEE THE SE	warare instilli	JOHN						Form 3311 (2010)

OMB No. 1545-0047

Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: See Schedule O Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.		0 (2019) AAA Scholarship Foundation, Inc. 27-2559468	Page 2
Briefly describe the organization's mission: See Schedule O Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. If (Code:) (Expenses \$ 30,616,091 including grants of \$ 29,009,395) (Revenue \$ 19,585 Thanks to our amazing donors, we had the privilege of granting the following number of net scholarships to children who are displaced or a challenged with economic, developmental, and/or physical disadvantages neely them afford the educational environments that best fit their learn needs: Beorgia: 40 annual pre-k4 - 12th grade scholarships; Priorida: 2,518 annual k - 12th grade scholarships; Priorida: 2,518 annual k - 12th grade scholarships and sevada: 563 annual k - 12th grade scholarships. Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	art l	• • • • • • • • • • • • • • • • • • •	Y
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? I'Yes, 'describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N I'Yes, 'describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(e/(3) and 501(e/(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: (Expenses \$ 30,616,091 including grants of \$ 29,009,395) (Revenue \$ 19,585 Chanks to our amazing donors, we had the privilege of granting the collowing number of net scholarships to children who are displaced or a challenged with economic, developmental, and/or physical disadvantages alp them afford the educational environments that best fit their learn needs: Georgia: 40 annual pre-k4 - 12th grade scholarships; rizona: 3,898 annual k - 12th grade scholarships; rizona: 3,898 annual k - 12th grade scholarships and sold annual pre-k4 - 12th grade scholarships and sold are scholarship Accounts; and Nevada: 563 annual k - 12th grade scholarships. (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A (Code:) (Expenses \$ including grants of \$) (Revenue \$ (Code:) (Expenses \$) (Revenue \$) (Revenue \$) (Revenue \$ (Code:) (Expenses \$) (Revenue	Dri		_
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services are services? "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:)(Expenses \$ 30,616,091 including grants of \$ 29,009,395) (Revenue \$ 19,585 thanks to our amazing donors, we had the privilege of granting the collowing number of net scholarships to children who are displaced or a challenged with economic, developmental, and/or physical disadvantages leely them afford the educational environments that best fit their learn needs: Seorgia: 40 annual pre-k4 - 12th grade scholarships; riorida: 2,518 annual k - 12th grade scholarships; rlorida: 2,518 annual k - 12th grade scholarships and Nevada: 563 annual k - 12th grade scholarships. (Code:)(Expenses \$ including grants of \$) (Revenue \$ \$ (Code:)(Expenses \$) (Revenue \$ (Code:)(Expenses \$) (Revenue \$) (Revenue \$) (Revenue \$ (Code:)(Expenses \$) (Revenue \$) (Reve		Schedule	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:)(Expenses \$ 30,616,091 including grants of \$ 29,009,395) (Revenue \$ 19,585 hanks to our amazing donors, we had the privilege of granting the collowing number of net scholarships to children who are displaced or a challenged with economic, developmental, and/or physical disadvantages lelp them afford the educational environments that best fit their learn leeds: Recypia: 40 annual pre-k4 - 12th grade scholarships; Plorida: 2,518 annual k - 12th grade scholarships; Plorida: 2,518 annual k - 12th grade scholarships and services. (Code:)(Expenses \$ including grants of \$) (Revenue \$) (Code:)(Expenses \$ including grants of \$) (Revenue \$)		. Delicatio O	
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:)(Expenses \$ 30,616,091 including grants of \$ 29,009,395) (Revenue \$ 19,585 hanks to our amazing donors, we had the privilege of granting the collowing number of net scholarships to children who are displaced or a challenged with economic, developmental, and/or physical disadvantages lelp them afford the educational environments that best fit their learn leeds: Recypia: 40 annual pre-k4 - 12th grade scholarships; Plorida: 2,518 annual k - 12th grade scholarships; Plorida: 2,518 annual k - 12th grade scholarships and services. (Code:)(Expenses \$ including grants of \$) (Revenue \$) (Code:)(Expenses \$ including grants of \$) (Revenue \$)	• • •		
prior Form 990 or 990-EZ? Yes			
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services revices? Yes No. No. Yes, Conduct Yes No. Yes Yes No. Yes, Conduct Yes	Dic	the organization undertake any significant program services during the year which were not listed on the	
Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes	pri	or Form 990 or 990-EZ?	Yes X No
services?		·	
If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:)(Expenses \$ 30,616,091 including grants of \$ 29,009,395) (Revenue \$ 19,585 hanks to our amazing donors, we had the privilege of granting the ollowing number of net scholarships to children who are displaced or a hallenged with economic, developmental, and/or physical disadvantages elp them afford the educational environments that best fit their learn eeds: ecorgia: 40 annual pre-k4 - 12th grade scholarships; rizona: 3,898 annual k - 12th grade scholarships; lorida: 2,518 annual k - 12th grade scholarships and 93 Gardiner Scholarship Accounts; and evada: 563 annual k - 12th grade scholarships. (Code:)(Expenses \$ including grants of \$) (Revenue \$ /A (Code:)(Expenses \$ including grants of \$) (Revenue \$)			_ =
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:)(Expenses\$ 30,616,091 including grants of\$ 29,009,395) (Revenue \$ 19,585 hanks to our amazing donors, we had the privilege of granting the ollowing number of net scholarships to children who are displaced or a hallenged with economic, developmental, and/or physical disadvantages elp them afford the educational environments that best fit their learn eeds: eorgia: 40 annual pre-k4 - 12th grade scholarships; rizona: 3,898 annual k - 12th grade scholarships; lorida: 2,518 annual k - 12th grade scholarships and 93 Gardiner Scholarship Accounts; and evada: 563 annual k - 12th grade scholarships. (Code:)(Expenses\$ including grants of\$)(Revenue \$ /A (Code:)(Expenses\$ including grants of\$)(Revenue \$			Yes X No
expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code:)(Expenses \$ 30,616,091 including grants of \$ 29,009,395)(Revenue \$ 19,585 hanks to our amazing donors, we had the privilege of granting the ollowing number of net scholarships to children who are displaced or a hallenged with economic, developmental, and/or physical disadvantages elp them afford the educational environments that best fit their learn eeds: ecorgia: 40 annual pre-k4 - 12th grade scholarships; rizona: 3,898 annual k - 12th grade scholarships; lorida: 2,518 annual k - 12th grade scholarships and 93 Gardiner Scholarship Accounts; and evada: 563 annual k - 12th grade scholarships. (Code:)(Expenses \$ including grants of \$) (Revenue \$ /A (Code:)(Expenses \$ including grants of \$) (Revenue \$)			
Code: (Code: (Expenses \$ including grants of \$ including grants of \$ (Code: (Expenses \$ (Code: (Code: (Expenses \$ (Code: (Co	ex	penses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
Reorgia: 40 annual pre-k4 - 12th grade scholarships; rizona: 3,898 annual k - 12th grade scholarships; rlorida: 2,518 annual k - 12th grade scholarships and 193 Gardiner Scholarship Accounts; and Revada: 563 annual k - 12th grade scholarships. (Code:)(Expenses \$ including grants of \$) (Revenue \$ 1/A (Code:)(Expenses \$ including grants of \$) (Revenue \$ 1/A	ha ol ha el	anks to our amazing donors, we had the privilege of granting to lowing number of net scholarships to children who are displaced allenged with economic, developmental, and/or physical disadvalp them afford the educational environments that best fit their	he ed or ar ntages t
93 Gardiner Scholarship Accounts; and evada: 563 annual k - 12th grade scholarships. (Code:)(Expenses \$ including grants of \$) (Revenue \$ /A	ec ri	orgia: 40 annual pre-k4 - 12th grade scholarships; zona: 3,898 annual k - 12th grade scholarships;	
93 Gardiner Scholarship Accounts; and evada: 563 annual k - 12th grade scholarships. (Code:)(Expenses \$ including grants of \$) (Revenue \$ /A	10	orida: 2,518 annual k - 12th grade scholarships and	
(Code:) (Expenses \$ including grants of \$) (Revenue \$ /A	93	Gardiner Scholarship Accounts; and	
/A (Code:) (Expenses \$ including grants of \$) (Revenue \$	e٧	vada: 563 annual k - 12th grade scholarships.	
(Code:) (Expenses \$ including grants of \$) (Revenue \$			
(Code:) (Expenses \$ including grants of \$) (Revenue \$	-/0	-d \/\(\Gamma\)	
(Code:) (Expenses \$ including grants of \$) (Revenue \$	/ Z		
(Code:) (Expenses \$ including grants of \$) (Revenue \$	′ ÷	•	
(Code:) (Expenses \$ including grants of \$) (Revenue \$			
(Code:) (Expenses \$ including grants of\$) (Revenue \$			
(Code:) (Expenses \$ including grants of\$) (Revenue \$			
	C	ode: \(\(\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\	
	-		
	• •		
	• •		
• • • • • • • • • • • • • • • • • • • •			
	_		
Other program services (Describe on Schedule O.)			
(Expenses \$ including grants of\$) (Revenue \$) Total program service expenses ▶ 30 ⋅ 616 ⋅ 091	`	xpenses \$ including grants of\$) (Revenue \$)	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	,		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		Λ
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	IIa	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Vos." complete Schodule E. Parts Land IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х employees? If "Yes." complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 X persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X 28b A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 18 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Page 5

Form 990 (2019) AAA Scholarship Foundation, Inc. 27-2559468

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

28 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Ried for the calendar year ending with or within the year covered by this returns? 29 X Note: If the sum of lines 1 and 2a, did the organization file all required federal employment tax returns? 20 X Note: The sum of lines 1 and 2a is greater than 250, you may be required to e-file cele instructions? 30 Ut the organization have unrelated business gross income of \$1,000 or more during the year? 31 August 11 Yass 1 and Ried a Form 900 or for this year? 11 Arv 2 film 93, provided an explanation on Schedule O 32 August 12 Aray time during the calendar year, did the organization have an interest in, or a signature or other authority own, a famical account in 6 foreign country (such as a path account, securities account, or other financial accounts (FBAR). 33 B If Yes, 1 and 1 Aray time during the calendar year, did the organization at any time during the sax year? 34 Was the organization party to a prohibited tax shelter transaction at any time during the iss year? 35 Was the organization problem to organization that was or is a party to a prohibited tax shelter transaction? 36 D ones the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax aductables. 37 Organizations that may receive deductible contributions under section 170(c). 38 D of the organization include with every solicitation an express statement that such contributions or gifts were not tax aductables. 38 D of the organization receives a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 39 D of the organization receives any experient in excess of \$75 made party as a contribution of any adult of the organization received and the organization received and the organization received and the organization received and the organization receive						Yes	No
b If a least one is reported on line 2a, did the organization lite all required federal employment tax returns? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to e-folk (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes, has it filled a Form 990-T for this year? If "No" to line 3b, you may be an acceptanation on Schedule O 3c If "Yes, has it filled a Form 990-T for this year? If "No" to line 3b, you may be an acceptanation on Schedule O 3c If "Yes, and the foreign country (such as a bank account, securities account, or other financial accounts (FBAR) 3c If "Yes, and the the name of the rotegin, country by 3c If "Yes, and the foreign country to the stellar transaction at any time during the tax year? 3c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 3c If "Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or offits were not ax deductables. 3c If "Yes," did the organization include with every solicitation an express statement that such contributions or offits were not ax deductable? 3c If "Yes," did the organization include with every solicitation an express statement that such contributions or offits were not ax deductable? 3c If "Yes," did the organization noticy the donor of the value of the goods or services provided? 3c If "Yes," did the organization excepts and party that as a contribution and partly for goods and services provided to the payor? 3c If "Yes," did the organization excepts and payment in excess of \$75 made partly as a contribution and partly for goods and services provided? 3c If "Yes," did the organization excepts and payment in excess of \$75 made partly as a contribution of a c	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
Notice If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		Statements, filed for the calendar year ending with or within the year covered by this return	2a	18			
38 X X 1 1 1 1 1 1 1 1	b	If at least one is reported on line 2a, did the organization file all required federal employment tax	returns	s?	2b	X	
b If "Yes," lass it flied a Form 990-T for this year "It "No" to line 3b, provide an explanation on Schedule O A At any time during the calendar year, dit the organization have an interest in, or a signature or other authority over, a financial account in a foreign country See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). See instructions or provided the organization that it was or is a party to a prohibited tax shelter transaction? See Does the organization aparty to a prohibited tax shelter transaction at any time during the tax year? See Does the organization aparty to a prohibited tax shelter transaction at the see organization solicit any contributions that twas or is a party to a prohibited tax shelter transaction? See Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 179(c). Did the organization netwith the done of the value of the goods or services provided? To Prove. Indicate the number of Forms 8282 flied during the year To University of the organization netwith the done of the value of the goods or services provided? To Did the organization netwith any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization received a contribution of university to pay premiums on a personal benefit contract? To Did the organization received a contribution of university or indirect		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc	tions)				
4a Alary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or other financial accountry? 4a X b If "Yes," enter the name of the foreign country 5b Was the organization or party to a prohibited tax shelter transaction? 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c in Hard organization in the organization file form 8886-7. 5c If "Yes" to lie Sa or 5b, did the organization file Form 8886-7. 5c If "Yes" to lie Sa or 5b, did the organization file Form 8886-7. 5c If "Yes" to lie Sa or 5b, did the organization file Form 8886-7. 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations on local any contributions that were not tax deductible as chantrable contributions? 6c Organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided or file Form 8882. All the organization notify the donor of the value of the goods or services provided? 7c Organization receive a payment in excess of \$75 made partly as a contribution of the Form \$882 the file organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7d If the organization received a contribution of qualified intellectual property, did the organization file Form 1990 organization makes a distribution to all file form \$890 as required for the organization have excess business holding	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			. 3a		X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? So Was the organization a party to a prohibited tax shelter transaction? So Was the organization a party to a prohibited tax shelter transaction? So Was the organization a party to a prohibited tax shelter transaction? So Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions? So Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided? If "Yes," indicate the number of Forms 88282 filed during the year Fequiled to life Form 8829? If "Yes," indicate the number of Forms 88282 filed during the year Did the organization received a contribution of qualified intellectual property, did the organization file Form 8809? If the organization received a contribution of qualified intellectual property, did the organization file Form 8809 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 890 and services with the progenization foreived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 890. Social Social Social Social Social Social Social Soci	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Sche	dule C)	3b		
b If "Yes," either the name of the foreign country ▶ See instructions for filling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization in penty to a prohibited tax shelter transaction? 5c If "Yes" in line Sar of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6i Pose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization is not a seem on tax deductible as chantiable contributions? 6a X 5b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization notify the donor of the value of the goods or services provided? 7d If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If "Yes," did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1996. The property is property is the organization file Form 1996. The property is property is property is property in the organization file and property is property is	4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	her au	thority over,			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), 3 Was the organization a party to a prohibited tax shelter transaction? 5 Was the organization aparty to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Does the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of 375 made party as a contribution and party for goods and services provided to the payor? 9 If Yes, 3 did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 ified during the year required to file Form 8282. 11 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 12 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 13 The organization received a contribution of cars, boats, simplenes, or other vehicles, did the organization file Form 8899 as required? 14 If the organization receive any funds, directly or indirectly, on a personal benefit contract? 15 The organization received an contribution of cars, boats, and you file organization file Form 8899 as required? 16 If the organization received an contribution of cars, boats, and you file organization file Form 8899 as required? 17 The organization received and contribution of cars, boats, and you file did the organization file Form 8998 as required? 18 Sponsoring organization make a distribution with a donor divisor, or related person? 19 Sponso		a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial a	ccount)?	. 4a		X
5a Was the organization a perty to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party norify the organization that it was or is a party to a prohibited tax shelter transaction? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations service to the payor? 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Did the organization notify the donor of the value of the goods or services provided? 8 Did the organization notify the donor of the value of the goods or services provided? 9 Did the organization notify the donor of the value of the goods or services provided? 10 FYes," indicate the number of Forms 8282 filed during the year 11 Pres," indicate the number of Forms 8282 filed during the year 12 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization maching and qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maching and qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization make any stubble distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under sect	b						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5				counts (FBAR).			
c If "Yes" to line 6 and 5b. did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Jan. 2 Jan. 2 Jan. 2 Jan. 2 Jan. 3 Ja	5a				. 5a		
5a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Did the organization receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form 8282? d If Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of cars, boats, singlanes, or other vehicles, did the organization experts and a contribution of cars, boats, singlanes, or other vehicles, did the organization and a Form 1098-C2 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12 10a	b		nsacti	on?	. 5b		X
organization solicit any contributions that were not tax deductible as charitable contributions? b f"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5 f"Yes," did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 If "Yes," indicate the number of Forms 8282 filed during the year 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization flie Form 8899 as required? 8 If the organization received a contribution of cars, boats, amplanes, or other vehicles, did the organization flie Form 198-C? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised funds. 10 Did the sponsoring organization make a distribution to a donor, donor advised funds. 11 Section 501(c)(1) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10	С				. 5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 2828? 8 If "Yes," indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization receive any funds, directly or indirectly, on a personal benefit contract? 10 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 11 Gross income from methers or shareholders 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(2) organizations. Enter: 13 Section 501(c)(2) organizations the organization in the quire of solicins and the organization in the part of the section 4968 organization in the quire of the section 4968 organization in the quire of the section 4968 ore	6a		lid the				
gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization funds, directly or indirectly, to pay premiums on a personal benefit contract? To but the organization developed a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsorting organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsorting organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the organization sell, exchange the section 4966? Did the organization sell contributions included on Part VIII, line 12 Gross income from other sources (Do not net amounts due or paid to other sources against amounts du		• • • • • • • • • • • • • • • • • • • •			. 6a		X
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? I Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? I Did the organization received any funds, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Both the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(17) organizations. Enter: a finitation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders Gross income from members or shareholders Gross income from members or shareholders b If "Yes," refer the amount of tax-exempt interest received or accrued during the year 11b Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization icensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13c If "Yes," in either amount of reserves on hand 13d b) the organization receive any payments of indo	b		butions	s or			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a					6b		
and services provided to the payor? b fr Yes," did the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d fr Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Dross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Cross income from members or shareholders 11a Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a Dross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Dross income from members or shareholders 11a Section 501(c)(2) qualified nonprofit health insurance issuers. a is the organization inconsed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization the organization must report on Schedule O. b Inter the amount of reserves the organization is required to maintain by the states in whic	7	-					
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year	а		for go	ods			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. In the organization is licensed to issue qualified health plans in more than one state? If "Yes," is it filed a Form 720 to report these payments? If "No," provid							Х
required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: 10 Did the organization section them.) 11 Did	b				. 7b		
d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 77 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 78 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization sea of the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 9 Initiation fees and capital contributions included on Part VIII, line 12	С		it was				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If X 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Did Section 501(c)(12) organizations. Enter: a Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 110 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 113 Section 501(c)(29) qualified onoprofit health insurance issuers. 115 Is the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 114 Did the organization receive any payments for indoor tanning services during the tax year? 115 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 116 Is	_		r - <u>-</u> 1		. 7с		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," prov	d				_		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Department of the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Did 1 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 1 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 1 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 1 Section 501(c)(29) qualified nonprofit health plans 1 Section 501(c)(29) qualified nonprofit health plans 1 Section 501(c) (29) qualified nonprofit health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on h	_						
If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966 excise tax on the sponsoring organization file and the spons	f						Х
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 10 Did the sponsoring organizations. Enter: 11 Dia	-						
sponsoring organization have excess business holdings at any time during the year? \$ ponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? \$ Did the sponsoring organization make and istribution to a donor, donor advisor, or related person? \$ Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 \$ Did the sponsoring organizations. Enter: a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					? <u>7h</u>		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8		ained	by the			
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	•				. 8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 22a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					0-		
Initiation fees and capital contributions included on Part VIII, line 12 Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 1da Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 1s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	_						
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 17 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?					. 90		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.			100				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.							
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. l Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			100				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 12b 12c 12b 12c 12b 12c		Cross income from members or charabolders	112				
against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_	***************************************	ı ıa				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	J	against amounts due or received from them)	11h				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	12a			041?	122		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X							
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 13a 13a 13a 13b 13b 13b 14b 15 X							
Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X					13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	-						
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X	b						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 18 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X			13b				
Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 14a	С	Enter the amount of recornes on hand					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 18 X					14a		Х
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X			edule	0	14b		
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					-		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					-		
	16		nent ir	come?	16		X

Form 990 (2019) AAA Scholarship Foundation, Inc. 27-2559468 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below. and for a "No response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 3 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., Yes No 10a Did the organization have local chapters, branches, or affiliates? Х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X **11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CO, CT, FL, GA, IL, KS, KY, MA, MD, MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > 20

PO Box 15719

Form **990** (2019)

FL 33684

Tampa

Kimberly Dyson

form 990 (2019) AAA Scholarship Foundation, Inc. 27-2559	oundation, Inc. 27-2559468	larship	m 990 (2019) AAA
--	-----------------------------	---------	-------------------------

Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- **1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the or	ganization nor a	any r	elate	ed o	gan	izatio	n c	ompensated any current	officer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle	Pos heck ess pe	rson	than o is both or/trusted Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)Kimberly Dyson Chief Exec Officer	60.00			х		ä		71,331	0	12,501
(2) Toni Cardamone	0.00									
Director (3) Teresa L'Homme	0.00	X						0	0	0
Director (4) Kimberly Perry	0.00	X						0	0	0
Director	0.00	x						0	0	0
(5)										
(6)										
(7)										
(8)										
(0)										
(9)										
(10)										
(11)										

Form 990 (2019) AAA	Scholarship	Foundation,	, Inc.	27-2559468
----------------------------	-------------	-------------	--------	------------

Part VII Section A. Officer	rs, Directors, Ti	rust	ees,	Key	Em	ploy	ees	s, and Highest Compens	ated Employees (contin	ued)			
(A) Name and title	(B) Average hours per week (list any	bo	o not o x, unle	Pos check ess pe	rson	is both	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the			
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	anizatio d organ		s
1b Subtotal							•	71,331			1	2,5	501
c Total from continuation sh d Total (add lines 1b and 1c)							>	71,331			1	2,5	501
Total number of individuals (reportable compensation from	including but no	t lim	ited	to th	ose	liste	d at		than \$100,000 of				
											,	Yes	No
3 Did the organization list any employee on line 1a? If "Yes									sated		3		X
For any individual listed on li organization and related organization and related organization.											4		X
5 Did any person listed on line													
for services rendered to the Section B. Independent Contract		"Ye	S," C	omp	iete	Scne	eaui	ie J for such person			5		Х
Complete this table for your compensation from the organ										toy year			
	(A) d business address	COII	ipen	Sauc	טו ווכ	n une	Cal		(B)	tax year.	Com	(C) npensa	tion
KV and Associates,	LLC				191	.1		Charlestown St					
Seattle	<u>WA</u>	. 9	81	06			E	Fund Raising				949	,252
2 Total number of independen									1				

Pa	rt V	Statement of Reversible (Check if Schedule (ains a r	esponse or	note to anv line in	this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns		1a					
Gra 10u	b	Membership dues		1b					
ts, (An	С	Fundraising events		1c					
Gif Iar	d	Related organizations		1d					
JS, imi	е	Government grants (contributions)		1e					
tior sr S	f	All other contributions, gifts, grants,							
ibu		and similar amounts not included above .		1f	46,074,78	3			
ntr d C	g	Noncash contributions included in lines 1a	n-1f	1g \$					
Co	h	Total. Add lines 1a-1f			<u></u>	46,074,783			
					Business Co				
ice	2a	Application Processing	ng Fees	.	90009	19,585	19,585		
erv ue	b								
m S ⁄en	С								
Program Service Revenue	d								
Pro	e								
		All other program service reve				19,585			
		Total. Add lines 2a–2f Investment income (including				19,565			
	3	, , , ,		-		698,202			698,202
	4	Income from investment of tax		bond pr	oceeds	050,202			050,202
	5	Royalties							
	3		i) Real		(ii) Personal				
	6a	Gross rents 6a	.,,		()				
	b	Less: rental expenses 6b							
	C	Rental inc. or (loss) 6c							
	d	Net rental income or (loss)			>				
	7a	Gross amount from (i) s	Securities		(ii) Other				
		sales of assets other than inventory 7a 8 ,	725,2	36					
ne	b	Less: cost or other							
/en		basis and sales exps. 7b 8,	673,4	72					
Other Revenue	С	Gain or (loss) 7c	51,7	64					
ıer	d	Net gain or (loss)	<u></u>	<u></u>	>	51,764	51,764		
ot₽	8a	Gross income from fundraising eve	ents						
		(not including \$							
		of contributions reported on line 1c)).						
		See Part IV, line 18		8a					
		Less: direct expenses		8b					
		Net income or (loss) from fund	_	events	<u></u>				
	9a	Gross income from gaming activitie		•					
		See Part IV, line 19		9a					
		Less: direct expenses		9b					
		Net income or (loss) from gam Gross sales of inventory, less	_	nues	·····				
	IVa	raturns and allowaness		10a					
	h	Less: cost of goods sold	. –	10b					
		Net income or (loss) from sale			•				
2				j	Business Co	de			
eon	11a								001
lan.	b	• • • • • • • • • • • • • • • • • • • •							
cel	С								
Miscellaneous Revenue	d	• • • •							
	е	Total. Add lines 11a-11d			<u>.</u>				
		Total revenue. See instruction				46,844,334	71,349	0	698,202

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Program service (C) **(D)** Fundraising Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 29,009,395 29,009,395 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 85,424 85,424 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 619,109 586,426 32,683 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 151,396 158,042 6,646 Payroll taxes 56,784 48,933 7,851 Fees for services (nonemployees): a Management 27,078 14,946 5,143 6,989 **b** Legal 22,357 c Accounting 22,357 25,545 25,545 **d** Lobbying 704,984 704,984 e Professional fundraising services. See Part IV, line 17 Investment management fees 27,454 27,454 **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 243,372 240,502 1,435 1,435 12 Advertising and promotion 20,10979,894 59,785 Office expenses 187,830 4,707 13,440 169,683 13 2,765 Information technology 38,752 33,201 2,786 14 Royalties 111,979 92,658 19,321 Occupancy 16 5,261 5,261 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials $4,\overline{450}$ 4,290 2,290 19 Conferences, conventions, and meetings 11,030 11,030 10,982 24 20 Payments to affiliates 21 920 920 13,170 11,330 Depreciation, depletion, and amortization 126,460 124,304 1,078 1,078 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) e All other expenses 31,564,950 30,616,091 192,644 756,215 Total functional expenses. Add lines 1 through 24e. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Pa	rt)	Balance Sheet Check if Schedule O contains a response or n	ote to any lin	ne in this Part X						
			,		(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing			755,850	1	565,235			
	2	Savings and temporary cash investments			4,495,133		21,462,980			
	3	Pledges and grants receivable, net			22,632,764		19,886,448			
	4	Accounts receivable, net			41,866		21,508			
	5		Loans and other receivables from any current or former officer, director,							
		trustee, key employee, creator or founder, substanti	al contributor	r, or 35%						
		controlled entity or family member of any of these pe		0000		5				
	6	Loans and other receivables from other disqualified	persons (as	defined						
ts		under section 4958(f)(1)), and persons described in				6				
Assets	7	Notes and loans receivable, net				7				
۲	8	Inventories for sale or use				8				
	9	Dramaid averages and deferred shares			258,856	9	230,970			
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D	10a	82,897						
	b	Less: accumulated depreciation		82,897 31,502	39,682	10c	51,395			
	11		-		28,504,026	11	51,395 23,154,116			
	12	Investments—other securities. See Part IV, line 11				12				
	13	Investments—program-related. See Part IV, line 11				13				
	14	Intangible assets			342,513	14	339,963			
	15				3,714,565	15	5,723,741			
1	16	Total assets. Add lines 1 through 15 (must equal lin	ne 33)		60,785,255	16	71,436,356			
	17	Accounts payable and accrued expenses			676 , 966	17	536,684			
	18	Grants payable			31,097,693	18	24,858,980			
	19	Deferred revenue			285,094	19	270,118			
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Complete Part	IV of Schedu	ıle D	3,714,565	21	5,522,071			
Se	22	Loans and other payables to any current or former of	officer, directo	or,						
Liabilities		trustee, key employee, creator or founder, substanti	al contributor	r, or 35%						
ap		controlled entity or family member of any of these pe				22				
7	23	Secured mortgages and notes payable to unrelated	third parties			23				
	24	Unsecured notes and loans payable to unrelated thi	rd parties		320,759	24	106,197			
	25	Other liabilities (including federal income tax, payab								
		parties, and other liabilities not included on lines 17-	24). Complet	te Part X						
		of Schedule D				25	198,859			
	26	Total liabilities. Add lines 17 through 25			36,095,077	26	31,492,909			
တ္သ		Organizations that follow FASB ASC 958, check	here X							
2		and complete lines 27, 28, 32, and 33.								
ala	27	Net assets without donor restrictions			1,457,225 23,232,953	27	2,289,804 37,653,643			
B	28	Net assets with donor restrictions			23,232,953	28	37,653,643			
Ľ		Organizations that do not follow FASB ASC 958,	check here							
ř		and complete lines 29 through 33.								
22	29	Capital stock or trust principal, or current funds				29				
Se	30	Paid-in or capital surplus, or land, building, or equip				30				
As	31	Retained earnings, endowment, accumulated incom	e, or other fu	unds	04 460 450	31	20 012 11=			
Net	32				24,690,178		39,943,447			
	33	Total liabilities and net assets/fund balances			60,785,255	33	71,436,356			

Form **990** (2019)

Schedule O.

the audit, review, or compilation of its financial statements and selection of an independent accountant?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Single Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain on

3b | Form **990** (2019)

2c

3a

X

X

SCHEDULE A (Form 990 or 990-EZ)

(

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Employer identification number Name of the organization AAA Scholarship Foundation, Inc. 27-2559468 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 X described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

g Provide the	following information about	the supported organization(s).		
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ıment?	(vi) Amount of other support (see instructions)
			Yes	No	
(A)					
(B)					
(C)					
(D)					
(E)					
Total					

Page 2

m 990 or 990-EZ) 2019 AAA Scholarship Foundation, Inc. 27-2559468
Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	•			•		
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19,038,432	42,341,863	49,596,613	50,519,760	45,790,491	207,287,159
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	19,038,432	42,341,863	49,596,613	50,519,760	45,790,491	207,287,159
6	Public support. Subtract line 5 from line 4						207,287,159
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	19,038,432	42,341,863	49,596,613	50,519,760	45,790,491	207,287,159
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	122,762	140,821	335,186		670,762	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	27	2,084	254	2,036	1,475	
11	Total support. Add lines 7 through 10	, . ,	`			1.40	209,433,074
12	Gross receipts from related activities, etc	•					151,037
13	First five years. If the Form 990 is for th	•	rst, second, third,	fourth, or fifth tax	c year as a section	1 501(c)(3)	▶ □
800	organization, check this box and stop he tion C. Computation of Public S		ntogo				
				(5)		144	
14	Public support percentage for 2019 (line	6, column (t) divid	ed by line 11, col	iumn (t))		14	98.98%
15	Public support percentage from 2018 Sc 33 1/3% support test—2019. If the orga	nedule A, Part II, I	ine 14			ro shock this	99.13%
Iba	box and stop here . The organization qu			nization.			▶ X
b	33 1/3% support test—2018. If the organization qu				ne 15 is 33 1/3%	or more check	
	this box and stop here . The organization						▶ □
17a	10%-facts-and-circumstances test—2						· ⊔
	10% or more, and if the organization me	-					
	Part VI how the organization meets the "						
	organization					• •	▶ □
b	10%-facts-and-circumstances test—2						· L
	15 is 10% or more, and if the organization	•					
	Explain in Part VI how the organization r				-		
	aumonted avacation			•	•		> \[\]
18	Private foundation. If the organization of	did not check a bo	x on line 13, 16a,	16b, 17a, or 17b,	, check this box a	nd see	
	instructions						▶ □

Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

_	41 A D I II O 4			, ,			
	tion A. Public Support	() 0045	42.0040	() 0047	(D 0040	() 2040	
	, , , , ,	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(0) = 0.10	(", = : : :	(0) = 0.11	(0) = 0.10	(5) = 5.15	(-/
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he				-	n 501(c)(3)	.
Sec	tion C. Computation of Public S						······ F
15	Public support percentage for 2019 (line			olumn (f))		15	%
16	Public support percentage from 2018 Sc	hedule A, Part III	, line 15				%
Sec	tion D. Computation of Investm	ent Income I	Percentage				
17	Investment income percentage for 2019			e 13, column (f))		17	%
18	Investment income percentage from 201						%
19a	33 1/3% support tests—2019. If the org						,
L-	17 is not more than 33 1/3%, check this	-	_			=	
b	33 1/3% support tests—2018. If the org						
20	line 18 is not more than 33 1/3%, check in Private foundation. If the organization of	-	-			_	
	ato roamadiom ii ino organization c		oo 17, 10a,	,,	Son and boo mis	4040110	

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b 5c		
6		
8		
9a		
9b		
9c		
10a		
10b		
(Form 990	or 990-l	EZ) 2019

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes	No

mergency temporary reduction (see instructions).	6	
Check here if the current year is the organization's first as a non-functionally integrate	ed Ty	pe III supporting organization (see
instructions).		

1 2

3

4

5

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Enter 85% of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Schedule A (Form 990 or 990-EZ) 2019

AAA Scholarship Foundation, Inc. 27-2559468 Schedule A (Form 990 or 990-EZ) 2019

Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	Section D - Distributions								
1	Amounts paid to supported organizations to accomplish exempt pur	rposes							
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations							
4	Amounts paid to acquire exempt-use assets								
5	Qualified set-aside amounts (prior IRS approval required)								
6	Other distributions (describe in Part VI). See instructions.								
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the organizations	nization is responsive							
	(provide details in Part VI). See instructions.								
9	Distributable amount for 2019 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
		(i)	(ii)	(iii)					
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable					
			Pre-2019	Amount for 2019					
1_	Distributable amount for 2019 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2019								
	(reasonable cause required-explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2019								
	From 2014								
	F 0045								
	c From 2016								
	1.5 0047								
-	e From 2018								
	Total of lines 3a through e								
	Applied to underdistributions of prior years								
	Applied to 2019 distributable amount								
	Carryover from 2014 not applied (see instructions)								
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distributions for 2019 from								
	Section D, line 7: \$								
а	Applied to underdistributions of prior years								
b	Applied to 2019 distributable amount								
c	Remainder. Subtract lines 4a and 4b from 4.								
5	Remaining underdistributions for years prior to 2019, if								
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI . See instructions.								
6	Remaining underdistributions for 2019. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2020. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2015								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
e	Excess from 2019								

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Fo	orm 990 or 9	90-EZ) 201	9 AA	A Scho	olarsh	ip Fo	<u>undati</u>	on,	Inc.	27-2	559468	}	Page 8
Part VI			Informat	i on. Pro	vide the e	explanati	ons requi	red by	Part II, lin	e 10; Pa	art II, line	17a or	
									9b, 9c, 11a				
													1c, 2a, 2b
												Part V,	Section E
	lines 2	, 5, and t	o. Also co	mpiete	ınıs parı ıd	or any ac	aditional ii	niorma	tion. (See	instruct	ions.)		
Part I	I. Li	ne 10	- Otl	ner I	ncome	Detai	1						
	· · · · · · · · · · · · · · · · · · ·												
Cashba	ick Re	bates					\$	5,	876				
• • • • • • • • • • • • • • • • • • • •													
• • • • • • • • • • • • • • • • • • • •													

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part	III.			
Nam	e of organization AAA Scholarship Fou	ındation, Inc.		Employer iden 27 – 25594	tification number
Pa	rt I-A Complete if the organization is exe	mpt under section 501	l(c) or is a se		
1	Provide a description of the organization's direct and ind				
	definition of "political campaign activities")		(
2	Political campaign activity expenditures (see instructions)		▶ \$	
3	Volunteer hours for political campaign activities (see inst				
Pa	rt I-B Complete if the organization is exe				
1	Enter the amount of any excise tax incurred by the organ	nization under section 4955	, , , ,	▶\$	
2	Enter the amount of any excise tax incurred by organizate	tion managers under section	4955	▶\$	
3	If the organization incurred a section 4955 tax, did it file				Yes No
4a	Was a correction made?				□ v □ N-
b	If "Yes," describe in Part IV.				
Pa	rt I-C Complete if the organization is exe	•		ection 501(c)(3).	
1	Enter the amount directly expended by the filing organization	ation for section 527 exempt t	function		
	activities			▶\$	
2	Enter the amount of the filing organization's funds contril	outed to other organizations f	or section		
	527 exempt function activities			▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. E	inter here and on Form 1120-	-POL,		
	line 17b			▶\$	<u></u>
4	Did the filing organization file Form 1120-POL for this ye				Yes No
5	Enter the names, addresses and employer identification	, ,			•
	organization made payments. For each organization liste	-			
	the amount of political contributions received that were p	• •		•	
	as a separate segregated fund or a political action comm	, ,			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
(1)					
(')					
(2)					
` ,					
(3)					
. ,					
(4)					
(5)					
(6)					
			ı	1	1

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

reporting section 4911 tax for this year?

Sche	edule C (Form 990 or 990-EZ) 2019 AAA S (cholarship Foundation, Inc	27-2559468	Page 2
Pa	rt II-A Complete if the organiz section 501(h)).	ation is exempt under section 501(c)(3	and filed Form 5768	(election under
	address, EIN, expenses	pelongs to an affiliated group (and list in Part I', and share of excess lobbying expenditures). checked box A and "limited control" provisions	•	mber's name,
	Limits on Lobb (The term "expenditures" m	ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pu	ıblic opinion (grassroots lobbying)	0	
b	Total lobbying expenditures to influence a	egislative body (direct lobbying)	25,545	
c		and 1b)	25,545	
c			30,834,421	
е	Total exempt purpose expenditures (add li		30,859,966	
1	Lobbying nontaxable amount. Enter the an columns.		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
Q	Grassroots nontaxable amount (enter 25%	of line 1f)	250,000	
h	Subtract line 1g from line 1a. If zero or less	s, enter -0-	0	
i	Subtract line 1f from line 1c. If zero or less	enter -0-	0	
	If there is an amount other than zero on eit	her line 1h or line 1i, did the organization file Form 4	1720	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period								
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total			
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000			
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000			
c Total lobbying expenditures	6,000	61,000	94,098	25,545	186,643			
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000			
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000			
f Grassroots lobbying expenditures				0				

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019 AAA Scholarship Foundation, Inc. 27-2559468 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? **c** Media advertisements? **d** Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? **f** Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? i Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year **b** Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) . . Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form	n 990 or 990-EZ) 2019	AAA SChol	<u>arsnıp</u>	Foundation,	, inc.	27-2559468	Page 4
Part IV	Supplementa	I Information (co	ontinued)			27-2559468	
		,	,				_

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Inspection Name of the organization Employer identification number AAA Scholarship Foundation, Inc. 27-2559468 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Assets included in Form 990, Part X.

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2019 AAA Scholarship Foundation, Inc. 27-2559468 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program а b Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not X No included on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance **b** Contributions c Net investment earnings, gains, and **d** Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ **b** Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value (investment) (other) depreciation 1a Land **b** Buildings c Leasehold improvements

82,897

31,502

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII	Form 990) 2019 AAA Scholarship Found Investments – Other Securities.	•		Page 3
	Complete if the organization answered "Yes" o	n Form 990, Part I\	/, line 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method of	valuation:
	(including name of security)		Cost or end-of-yea	r market value
(1) Financial				
	eld equity interests			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) (H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
. u.c v	Complete if the organization answered "Yes" o	n Form 990 Part I	/ line 11c See Form 99	00 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of	
	· · · · · · · · · · · · · · · · · · ·	(.,	Cost or end-of-year	
(1)			•	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 13.) >			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" o	n Form 990, Part I\	/, line 11d. See Form 9	90, Part X, line 15.
	(a) Description			(b) Book value
(1)	Gardiner Scholarship A	ccounts		5,522,071
(2)	ROU Lease Asset			201,670
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	nn (b) must equal Form 990, Part X, col. (B) line 15.)		•	5,723,741
Part X	Other Liabilities.			J, / ZJ, / 11
I dit A	Complete if the organization answered "Yes" o	n Form 990 Part IV	/ line 11e or 11f See F	form 990 Part X
	line 25.	111 01111 000, 1 4111	v, iii o 110 oi 111. 000 i	om ooo, rarry,
1.	(a) Description of liability			(b) Book value
	I income taxes			(-)
	Lease Liability			198,859
(3)	•			== = 7, = 22
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			198,859

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2019 AAA Scholarship Foundation,				Page 4
Pa	Reconciliation of Revenue per Audited Financial State			Retu	rn.
	Complete if the organization answered "Yes" on Form 990 Total revenue, gains, and other support per audited financial statements			4	46,799,416
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			I	40,199,410
	Net unrealized gains (losses) on investments	2a	-22,234		
h	Donated services and use of facilities	2b	4,770		
C	Recoveries of prior year grants	2c	1,770		
ď	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	-17,464
3	Subtract line 2e from line 1			3	46,816,880
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	27,454		
	Other (Describe in Part XIII.)		,		
	Add lines 4a and 4b			4c	27,454
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	46,844,334
Pa	art XII Reconciliation of Expenses per Audited Financial Stat	ements	s With Expenses p	er Re	
	Complete if the organization answered "Yes" on Form 990), Part I	V, line 12a.		
1	T. 1. 11 10 10 11 11 11 11 11 11 11 11 11 11			1	31,546,147
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,770		
b	Prior year adjustments	2b			
С		2c			
d	Other (Describe in Part XIII.)	2d	3,881		
е	Add lines 2a through 2d			2e	8,651
3	Subtract line 2e from line 1			3	31,537,496
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b		27,454		
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	27,454
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	31,564,950
	art XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			4; Par	t X, line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov				
P	art IV, Line 2b - Escrow Liability Arrang	gemen	t Explanation	n	
					_
T.	he Florida Gardiner Scholarship Program v	was e	stablished k	y t	he State of
_					
F	lorida to provide educational options to	elig	ible househo	olds	in order to
		~ .			
d	etter meet the individual learning needs	of t	heir disable	ed c	nildren.
D	arents and guardians of eligible Florida	ahil	dron mass use	. ⊢h	o Sabolarabina
 .	arents and guardians or errgible Frorida	CIIII	dren may use		e actionar strip
t	o purchase approved education-related god	ods o	r services.		
A	AA is an approved administrator of the Fl	lorid	a Gardiner S	cho	larship
P	rogram grant and acts in an agency capaci	ity f	or its benef	ici	ary students.
	herefore, no revenues or expenses related	· · · · · · · · · · · ·			
a	re reported by AAA. Instead, the Program	fund	balance is	rep	orted as both

an asset and a liability on AAA's Statement of Financial Position.

During the current year, AAA distributed approximately \$7.2 million of the

Part XIII Supplemental Information (continued) approximately \$8.9 million in net Program funding received or earned, leaving a balance of approximately \$5.5 million held for the benefit of Gardiner Scholarship students at year end. Part X - FIN 48 Footnote AAA is exempt from Federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code and is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS. In addition, AAA is subject to income tax on net income that is derived from business activities that are unrelated to its exempt purposes. AAA has determined that it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS. The tax years from 2014 through 2019 remain subject to examination by the Internal Revenue Service. Part XII, Line 2d - Expense Amounts Included in Financials - Other Book / Tax Depreciation Difference \$ 3,881

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization

Department of the Treasury

Internal Revenue Service

AAA Scholarship Foundation, Inc.

Employer identification number

AAA Scholarship Fo	<u>oundation</u>	,	<u>lnc</u>	•	27-25594	<u>68</u>
Part I Fundraising Activities. Complete Form 990-EZ filers are not required				wered "Yes" on F	orm 990, Part IV,	line 17.
1 Indicate whether the organization raised funds through	h any of the follow	ing a	ctiviti	es. Check all that app	ly.	_
a Mail solicitations	e Solicitation	of no	n-go	vernment grants		
b X Internet and email solicitations	X Solicitation	of go	verni	ment grants		
c X Phone solicitations	g 🗌 Special fun	drais	ing e	vents		
d X In-person solicitations						
2a Did the organization have a written or oral agreement						TT
or key employees listed in Form 990, Part VII) or entity b If "Yes," list the 10 highest paid individuals or entities or	-	-		_		X Yes No
compensated at least \$5,000 by the organization.	(iuiiuiaiseis) puis			reements under which	Title fullulaiser is to b	e
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contr contribi	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
KV and Associates LLC		Yes	No			
1 1911 SW Charlestown St.	Euralma i ana		v	49 937 406	040 005	47 000 E01
Seattle WA 98106 2	Fundraisng		Х	48,837,406	848,905	47,988,501
-						
3						
4						
5						
5						
6						
7						
_						
8						
9						
0						
				40.025.406	040 005	47 000 501
'otal			. 💌	48,837,406	848,905	47,988,501

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Alabama, Arkansas, Arizona, California, Colorado, Connecticut, Delaware, Florida, Georgia, Iowa, Idaho, Illinois, Indiana, Kansas, Kentucky, Louisiana, Massachusetts, Maryland, Michigan, Minnesota, Missouri, Montana, North Carolina, Nebraska, New Jersey, Nevada, New York, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Vermont, Washington, Wisconsin, Wyoming

AAA Scholarship Foundation, Inc. 27-2559468 Schedule G (Form 990 or 990-EZ) 2019 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 6 Rent/facility costs **7** Food and beverages 8 Entertainment **9** Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2019 AAA Scholarship Foundation, Inc. 27-2	55946	8 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
	formed to administer charitable gaming?		Yes No
3	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
b	An outside facility	13b	%
4	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Address ►		
	7.uui 000 p		
52	Does the organization have a contract with a third party from whom the organization receives gaming		
·ou			Yes No
h	revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the		1C3 NO
b	amount of gaming revenue retained by the third party ▶\$		
_	If "Yes," enter name and address of the third party:		
C	in Tes, enter hanne and address of the tillid party.		
	Nama N		
	Name ▶		
	Addraga		
	Address ▶		
	Coming manager information		
6	Gaming manager information:		
	Name N		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Discrete of #5 con		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	0 1		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
D-	spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, colum	(:::)	- d /\.\\. = - d
Pa			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	ai iniom	nation.
	See instructions.		

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047
2019

Open to Public Inspection

Employer identification number Name of the organization AAA Scholarship Foundation, Inc. 27-2559468 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (f) Method of valuation (h) Purpose of grant (d) Amount of cash (e) Amount of non-(b) EIN (a) Description of section book, FMV, appraisal, grant cash assistance or government or assistance noncash assistance other) if applicable) (1) (2) (3) (4) (5) (6) (7) (9) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I (Form 990)

For calendar year 2019, or tax year beginning 07/01/19, and ending 06/30/20

Employer identification number

AAA Scholarship Foundation, Inc. 27-2559468

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds Individuals: In order to prove their eligibility, households must complete AAA's application and provide supporting documentation by the stated deadline. The household must meet both the state and AAA's requirements in order to be determined eligible. Once processing of an application is complete, a determination letter is mailed to the address on file. Those who are determined eligible will receive a scholarship award letter. Those determined ineligible will receive a denial letter. The use of a scholarship cannot be postponed. If the household is using the scholarship for eligible expenses related to a private school, they must enroll the student into an eligible private school as soon as they receive a scholarship award letter. Four times during the school year, AAA sends the school a verification form to ascertain whether the student remains enrolled and is current on any funds personally owed to the school. If the verification report is returned to AAA by the deadline, AAA then disburses one quarter of the scholarship award in the form of a check mailed directly to the school. The parent/guardian must restrictively endorse the check over to the school before it can be deposited. If the scholarship is being used for education-related expenses for a student who is disabled and being home-schooled, the parent/guardian must submit a written request for payment (including supporting documents) for approval before a scholarship payment is disbursed.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open To Public Inspection

Name of the orga			_				•	yer ide		ion nu	mber		
Part I	AAA Scholarship Fo			E	24/2	\/4\ and E04/a\/		25594					
ганы	Excess Benefit Transaction Complete if the organization answer)b.			
			nship between disq								(d)	Correc	ted?
1	(a) Name of disqualified person		organizatior				(c) Description of tra	ınsactio	n		Yes		No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)											<u> </u>		
under s	ne amount of tax incurred by the orga section 4958ne amount of tax, if any, on line 2, abo		- 				- 	▶ \$	§				
Part II	Loans to and/or From Inte	rocted Bore	cone										
ганы	Complete if the organization answer			Part	V li	ne 38a or Form	990 Part IV line	26· c	or if th	ıe.			
	organization reported an amount o						000, 1 411.10, 1111	, 20, 0	<i>71</i> 11 41	•			
	(a) Name of interested person	(b) Relationship	(c) Purpose of	(d)	Loan	(e) Original	(f) Balance due	(g) In (default?	(h) Ap	proved		
		with organization	loan		from org.?	principal amount				by bo comm	ard or nittee?	agree	ment
				То	From			Yes	No	Yes	No	Yes	No
(1)								<u> </u>	—				<u> </u>
(2)													
(3)													
(4)								-	 				
(5)													
(6)									<u> </u>	_			
(7)													
(0)													
(8)								-					
(9)													
(10)													
Total						> \$							
Part III	Grants or Assistance Ben	efitina Inte	rested Pers	on	s.								
	Complete if the organization answer	_				27.							
	(a) Name of interested person	(b) Relations	ship between intere	sted	(c) A	mount of assistance	(d) Type of assistance	,	(e)	Purpose	e of ass	istance	,
		person a	and the organization	1				\bot					
(1)					_			$+\!\!\!\!-$					
(2)					<u> </u>			$+\!\!\!\!-$					
(3)					-			$+\!\!\!\!-$					
(4) (5)								+					
(6)								+					
(7)								\dashv					
(8)								\top					

(10)

chedule L (Form 990 or 990-EZ) 2019 AAA Schol Part IV Business Transactions Involving	Interested Persons	LICII, LIIC.	27-2559468	<u></u>	Page 2
Complete if the organization answered "Yes					
(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e)	Sharing
(a) Name of interested person	interested person and the	transaction	(a) Bessiphen of handaen	rev	of org. renues?
Duran Business Admiseus	organization		ProBono Form990 1	Yes	No X
Dyson Business Advisors	CEO		Probono Formago i	Prep	^
				-+	
rt V Supplemental Information.					
Provide additional information for responses	to questions on Schedule	L (see instructions).			
			Sahadula I /Farm 000 ar	000 F7	\ 2040

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection
Employer identification number

Name of the organization

AAA Scholarship Foundation, Inc.

27-2559468

Form 990 - Organization's Mission

The AAA Scholarship Foundation, Inc. ("AAA") is a Georgia not-for-profit organization incorporated March 26, 2010 with the mission of providing economic and other assistance to low-income families and families of children with disabilities to enable them to select the best schools for their children.

We do this by administering various legislatively-authorized K-12 scholarship programs that help ensure economically-disadvantaged families and families of children with disabilities have equal access to the customized learning options they need to effectively educate their children.

During the 2019-20 fiscal year, AAA was an approved Scholarship
Organization (SO) in Georgia, Arizona, Florida, and Nevada. As an SO,
AAA may receive re-directed state taxes from individual and corporate
taxpayers. These re-directed funds are then distributed to eligible
students in the form of scholarships (up to grade 12) so they may access
the educational environments that best fit their learning needs.

AAA understands that families fighting generational poverty see education as the surest means to upward mobility. AAA scholarships help support the individual efforts of these families by removing many of the financial barriers these parents face as they seek the best educational settings for their children.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

A draft of the Form 990 is emailed to each director, who is asked to reply

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization							Employer iden	tification num	ber
AAA Scholarship Foundation, Inc.							27-2559	468	
Part I Identification of Disregarded Entities. Complete if the	e organization ៖	answered "Yes"	on Form	990, P	art IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domic or foreign c	ile (state country)		(d) income	End-of-	(e) -year assets	(f) Direct con entity	trolling
(1) AAA Scholarship Foundation - FL LLC PO Box 15719 Tampa FL 33684	Scholarsh	ni FL		31,	423,049	34	,658,487	AAA So	hola
(2)							-		
(3)									
(4)									
(5)									
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	Complete if the tax year.	e organization a	answered	l "Yes" (on Form 99	0, Part	IV, line 34, t	ecause i	it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Cod)	(e) Public charity s (if section 501((f) Direct controlling entity	Section 5 controlle Yes	g) 512(b)(13) ed entity?
(1)									
(2)									
(3)									
(4)									
(5)									

Schedule R (Form 990) 2019 AAA Scholarship Foundation, Inc. 27-2559468

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

	Transaction That Related Organization of Complete it the Organization						
	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	uring the tax year, did the organization engage in any of the following transactions with one or more						
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				<u>1a</u>		
b G	ift, grant, or capital contribution to related organization(s)				1b		
c G	ift, grant, or capital contribution from related organization(s)				1c		
d Lo	pans or loan guarantees to or for related organization(s)				1d		
e Lo	pans or loan guarantees by related organization(s)				1e		
f D	vidends from related organization(s)				1f		
a S	ale of assets to related organization(s)				1g		
h Pi	urchase of assets from related organization(s)				1h		
i E	change of assets with related organization(s)				1i		
i 16	ease of facilities, equipment, or other assets to related organization(s)				1i		
, -					- 1		
k Le	ease of facilities, equipment, or other assets from related organization(s)				1k		
ΙP	erformance of services or membership or fundraising solicitations for related organization(s)				11		
m P	erformance of services or membership or fundraising solicitations by related organization(s)				1m		
n S	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		
o SI	naring of paid employees with related organization(s)				10		
	eimbursement paid to related organization(s) for expenses				1p		
q R	eimbursement paid by related organization(s) for expenses				1q		
r O	ther transfer of cash or property to related organization(s)				1r		
s O	ther transfer of cash or property from related organization(s)				1s		
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amo	unt involv	,ed	
	Name of Idades organization	type (a-s)	Amount involved	Method of determining arrival	unt invol	/cu	
(1)							
(2)							
(3)							
(4)							
1.7							
(5)							
(C)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	unrelated, excluded from tax under	Are all process sections for the section of the sec	partners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		j) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Schedule R (Supplemental Information. Provide additional information for responses to questions on Schedule R. See Instructions.	Page 5
Part VII	Provide additional information for responses to questions on Schedule R. See Instructions.	
•		

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172
2019

Attachment Sequence No. 179

Name(s) shown on return Identifying number AAA Scholarship Foundation, Inc. 27-2559468 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,550,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . 5 (a) Description of property (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 3,995 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 9,175 MACRS deductions for assets placed in service in tax years beginning before 2019 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in only-see instructions) service 19a 3-year property b 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs. MM S/L Residential rental 27.5 yrs. property 27.5 yrs. MM S/L MM S/L Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year b S/L 12 yrs. 30-year 30 yrs. S/L MM 40-year MM S/L 40 yrs. Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 13,170 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Year Ended: June 30, 2020 27-2559468

AAA Scholarship Foundation, Inc. PO Box 15719 Tampa, FL 33684

Electing out of Bonus Depreciation Allowance for Code Section 167 - Computer Software Property

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible IRC Section 167 computer software property placed in service during the tax year.

2011AAA AAA Scholarship Foundation, Inc. 27-2559468 Federal Asset Report EVE: 6/30/2020 Qtr: 6/30/2020 Form 990, Page 1

11/24/2020 10:01 AM

Asset	Description	Date In Service	Cost	Bus Sec <u>%</u> 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	MACRS: Samsung Galaxy 55 Phone Samsung Galaxy Tablet 4 2 Desktop Computers/AM & PF Laptop - Latitude E7440 Lenovo Desktop/ LB HP LED Monitor/ KD 6 HON Task Chairs Desktop-2 HP Envy Brother ADS2000 Scanners Epson ES400 Scanner HP D9620A Printers HP OfficeJet Pro D9L2OA Galaxy Tablet HON Mesh Task Chairs (6) HON Upholstered Chairs (6) Workstations (16) Alarm & Access System Lateral Filing Cabinet LED Light Fixtures (49) Dell OptiPlex + Monitors (1) Firewall - NC Firewall - FL Dell OptiPlex + Monitors (2) Dell OptiPlex + Monitors (2) Dell OptiPlex + Monitors (2) APC Smart UPS for Server Server	11/06/14 11/06/14 3/09/15 3/09/15 3/09/15 3/09/15 3/09/15 8/08/15 12/11/15 3/02/17 3/16/17 7/20/17 11/12/17 6/14/18 6/01/18 6/01/18 6/05/18 6/15/18 6/01/18 7/20/17 1/31/18 3/09/18 3/19/18 3/02/18 3/15/18	250 390 798 2,050 636 124 2,513 2,600 1,109 280 300 289 652 2,861 2,264 8,210 1,604 360 4,900 290 295 967 496 553 328 8,842	X X X X X X X X	125 195 798 1,025 636 62 1,256 1,300 555 140 150 289 652 2,861 2,264 8,210 1,604 360 4,900 290 295 967 496 496 553 328 8,842	7 HY 200DB 5 HY 200DB 6 HY 200DB 7 HY 200DB 5 HY 200DB 6 HY 200DB 6 HY 200DB 7 HY 200DB 7 MQ 200DB	222 379 752 1,932 599 117 2,121 2,375 949 240 257 176 358 890 705 2,555 499 112 1,525 1,77 180 474 243 243 271 161 4,333	11 11 46 118 37 7 112 150 64 16 17 45 118 563 445 1,616 316 71 964 45 46 197 101 101 113 67 1,804
28	Server Software	3/15/18 _	9,676 54,133	- -	9,676 49,325	5 MQ200DB	4,741 27,586	1,974 9,175
	Depreciation: Map for Website Total Other Depreciation	2/15/20 _	28,764 28,764		28,764 28,764	3 MOAmort	0	3,995 3,995
	Total ACRS and Other Depree	ciation _	28,764	=	28,764		0	3,995
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers - =	82,897 0 0 82,897	- -	78,089 0 0 78,089		27,586 0 0 27,586	13,170 0 0 13,170

2011AAA AAA Scholarship Foundation, Inc.
27-2559468 Federal Statements 11/24/2020 10:01 AM

FYE: 6/30/2020

Description

MM and U.S. Govt Funds

Total

Taxable Interest on Investme	nts
------------------------------	-----

Description						
		Amount	Unrelated I Business		Acquired after 6/30/75	US Obs (\$ or %)
SunTrust Bank						
	\$ <u></u>	158,006		14		
Total	\$	158,006				

Taxable Dividends from Securities

		Amount		Acquired after 6/30/75	US Obs (\$ or %)
U.S. Government	Treasuries \$	396,833	14		

14

143,363

540,196

2011AAA AAA Scholarship Foundation, Inc.

11/24/2020 10:01 AM

27-2559468

FYE: 6/30/2020

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses		Program Service		Management & General		Fund Raising	
Consulting Government Relations	\$	36,237 96,597	\$	34,253 96,597	\$	992	\$	992
Temporary Labor		110,538		109,652		443		443
Total	\$	243,372	\$	240,502	\$	1,435	\$	1,435

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.
 ▶ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Tampa FL 33684 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Sefor Code		c 6 Month Extension of									
must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) print AAA Scholarship Foundation, Inc. AAA Scholarship Foundation, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 15719 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tampa City, town or post office, state, and ZIP code. For a foreign address, see instructions. Fenter the Return Code for the return that this application is for (file a separate application for each return) [a Form 900 or Form 900-EZ [b Form 900 or Form 900-EZ [c Form 900-EZ						tnerships DEMI	Ce, and true	te .			
Type or print AAA Scholarship Foundation, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 15719 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tampa FL 33684 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Form 990 or Form 990-EZ Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A Porm 4720 (Individual) Porm 990-F Form 990-F Form 990-F Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Po Box 15719 Tampa FL 33684 Telephone No. ▶ 888-707-2465 Fit his for a Group Return, nefer the organization's for diff froup Exemption Number (CEN) If this is for a Group Return, nefer the organization's four digit group check this box I request an automatic 8-month extension is for the organization's return for: Lift is tax year entered in line 1 is for less than 12 months, check reason in line 1 is for less than 12 months, che		-				ilierships, Kelvii	Cs, and trus	เร			
AAA Scholarship Foundation, Inc. Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 15719			Taynayer identi	identification number (TIN)							
AAA Scholarship Foundation, Inc. 27-2559468		Name of exempt organization of other filer, see instructions.					er identification number (TIN)				
Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 15719 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Tampa FL 33684 Tampa FL 33684 Flat 33684 Flat 33684 Flat 33684 Flat 33684 Application Is For Code Is For Code Is For Medical Institution Code Is For Code Is For Medical Institution Code Is For Code Is For Code Is For Medical Institution Code Is Form 990-T (corporation) Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other has above) 06 Form 8272 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other has above) 06 Form 8870 12 Kimber 1y Dyson PO Box 15719 • The books are in the care of ▶Tampa FL 33684 Telephone No. ▶ 888-707-2465 Fax No. ▶ 888-707-2465 • If the organization does not have an office or place of business in the United States, check this box	print	AAA Scholarship Foundation Inc 27-25				27-25594	59468				
PO Box 15719						2, 2555.					
clief, town or post office, state, and ZIP code. For a foreign address, see instructions. Tampa FL 33684 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code I	File by the										
Tampa FIL 33684 Enter the Return Code for the return that this application is for (file a separate application for each return) O1 Application Is For Code Is For Code Form 990 or Form 990-EZ O1 1 Form 990-T (corporation) O7 Form 990-BL O2 2 Form 1041-A O8 Form 4720 (individual) O3 Form 4720 (other than individual) O9 Form 990-PF O4 4 Form 5227 O6 Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 8870 11 Form 990-T (trust other than above) Form 990-T (sec. 401(a) or 408(a) trust) Form	due date for										
Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Porm 990-EZ Porm 990-EZ Porm 990-BL Porm 990-T (corporation) Porm 990-T (sec. 401(a) or 408(a) trust) Porm 990-T (sec. 401(a) or 408(a) trust) Porm 990-T (trust other than above) Porm 990-T (trust other than individual) Porm 990-T (trust other than indi	filing your	Oity, town or post office, sta	ito, and zii code. I o	i a lordigir c	idaless, see ilistractions.						
Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 190-T (corporation) 07 Form 990-BL 02 Form 190-T (corporation) 09 Form 990-BL 03 Form 4720 (individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 111 Form 990-T (trust other than above) 06 Form 8870 12 **Rimberly Dyson PO Box 15719 **The books are in the care of **Pampa FL 33684* Telephone No. **D 888-707-2465 Fax No. **D 888-707-2465 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **Telephone No. **D 888-707-2465 Fax No. **D 888-707-2465 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **Telephone No. **D 888-707-2465 Fax No. **D 888-707-2465 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **Telephone No. **D 888-707-2465 Fax No. **D 888-707-2465 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **Telephone No. **D 888-707-2465 Fax No. **D 888-707-2465 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **Telephone No. **D 888-707-2465 Fax No. **D 888-707-2465 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **Telephone No. **D 888-707-2465 Fax No. **D 888-707-2465 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **Telephone No. **D 888-707-2465 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **If the organization does not have an office or place of business in the United States, check this box FL 33684 **If the organization does not have an office or place o		Tampa	TT.	33684	1						
Application Return Application Return S For Code S For		<u>-</u>									
Is For	Enter the Re	turn Code for the return that th	is application is for (fi	ile a separa	te application for each return)		01			
Form 990 or Form 990-EZ	Application			Return Application							
Form 990-BL	Is For			Code	Is For	Code					
Form 4720 (individual) Form 990-PF 04 Form 5227 10 Form 990-F (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Kimber1y Dyson PO Box 15719 • The books are in the care of ▶Tampa FL 33684 Telephone No. ▶ 888-707-2465 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the names and TiNs of all members the extension is for. I request an automatic 6-month extension of time un05/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ □ calendar year or ▶ ☒ tax year beginning 07/01/19, and ending 06/30/20. If the tax year entered in line 1 is for less than 12 months, check reason □ Initial return □ Final return □ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. I this is for form spanded in the span of Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. C Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. C Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.	Form 990	or Form 990-EZ		01	Form 990-T (corporation)		07				
Form 990-PF	Form 990-	BL		02	Form 1041-A			08			
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Kimber1y Dyson PO Box 15719 Telephone No. > 888-707-2465 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the organization all members the extension is for. Telequest an automatic 6-month extension of time un 05/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:	Form 4720) (individual)		03	Form 4720 (other than indi	09					
Form 990-T (trust other than above)	,				Form 5227			10			
Rimberly Dyson PO Box 15719	Form 990-T (sec. 401(a) or 408(a) trust) 0				Form 6069	11					
Telephone No. ▶ 888-707-2465 Fax No. ▶ 888-707-2465 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time un05/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ alendar year or ▶ ★ tax year beginning 07/01/19, and ending 06/30/20 If the tax year entered in line 1 is for less than 12 months, check reason initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.					Form 8870			12			
Telephone No. ▶ 888-707-2465 Fax No. ▶ 888-707-2465 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the same and TINs of all members the extension is for. I request an automatic 6-month extension of time un@ 5/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for:		Kimberly	y Dyson								
Telephone No. ▶ 888-707-2465 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for the whole group, check this box If this is for an automatic 6-month extension is for. I request an automatic 6-month extension of time un05/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for: I calendar year or If the tax year beginning 07/01/19, and ending 06/30/20. If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.		РО Вож 3	15719								
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the whole group, check this box If this is for least the extension is for the group, check this box If the same and TINs of all members the extension is for. I request an automatic 6-month extension of time un@5/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year or	 The books 	s are in the care of Tampa					FL	33684			
If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the whole group, check this box If this is for least the extension is for. I request an automatic 6-month extension of time un@5/15/21, to file the exempt organization return for the organization named above. The extension is for the organization's return for: Calendar year											
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box	Telepho	ne No. ▶ 888-707-24	65	Fax No	o.▶ 888-707-246!	5					
for the whole group, check this box	-		•					▶ ∐			
a list with the names and TINs of all members the extension is for. 1						If this is					
1 I request an automatic 6-month extension of time un					check this box	and attach					
the organization named above. The extension is for the organization's return for: Calendar year											
▶	-					on return for					
▼ X tax year beginning 07/01/19 , and ending 06/30/20 . 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return	the org	ganization named above. The e	extension is for the org	ganization's	return for:						
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 5b \$ 0 C Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.	▶ □	calendar year or									
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 5b \$ 0 C Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.	▶ X	tax year beginning 07/01	/19 . and ending 0	06/30/	20						
Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.						al return					
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.											
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. c Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.				0, or 6069,	enter the tentative tax, less						
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. c Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.								0			
estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.											
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.							\$	0			
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.	c Balan	ce due. Subtract line 3b from li	ne 3a. Include your p	ayment with	n this form, if required, by						
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.			•	•	•	30	: \$	0			
	Caution: If y					Form 8453-EO	and Form 88	79-EO for payment			
		Act and Panerwork Reduction	on Act Notice see in	nstructions			Form	8868 (Rev. 1-2020)			



Via FedEx 772210741520

The Florida Department of Education Commissioner of Education 325 W. Gaines St., Suite 1044 Tallahassee, FL 32399-0400 November 30, 2020

RE: AAA Scholarship Foundation – FL, LLC 2021-22 Scholarship Funding Organization Renewal Application – Supplemental Submission

Dear Commissioner,

Pursuant to the October 21, 2020 letter from Laura Mazyck, please accept the attached revised documents:

- Attachment D A description of our financial plan that demonstrates sufficient funds to operate throughout the school year
- Attachment G A description of the criteria and methodology that the organization will use to evaluate scholarship eligibility
- Attachment H A description of the application process, including deadlines and any associated fees

The following documents have been submitted to the Department separately as noted below.

- A copy of our fiscal year 2019-20 audited financial statements and required supplemental reports submitted to the Auditor General and Department of Education Mailed on 11/2/2020 via USPS Priority Mail (tracking number 9405 5036 9930 0113 0513 32)
- A copy of our fiscal year 2019-20 IRS Form 990
 Emailed to Laura Mazyck on 11/25/2020

We believe that this supplemental submission addresses the matters from that letter, however, please do not hesitate to contact us if any additional information is required in order for our application to be recommended for approval.

Yours truly,

AAA Scholarship Foundation, Inc.

President and CEO

cc: Patrick Frank, Esq., Frank & Rice, PA

Tracy Boak, Esq., Perlman and Perlman, LLP

Attachments as noted above

Offices: Arizona • Florida • Georgia • Nevada Phone and Fax: 888-707-2465 • Website: www.aaascholarships.org Florida Scholarship Funding Organization Annual Application – Attachment D For the Fiscal Year Ended 6/30/22

A description of your organization's financial plan that demonstrates sufficient funds to operate throughout the school year

AAA Scholarship Foundation – FL, LLC ("AAA-FL") is a wholly-owned subsidiary of AAA Scholarship Foundation, Inc., a 501(c)(3) non-profit scholarship organization (together, referred to as "AAA").

AAA-FL is an approved SFO in Florida. As an SFO, AAA-FL solicits entities that owe the state of Florida certain taxes for contributions which are then distributed to qualified students in the form of Florida Tax Credit scholarships so they may attend the eligible private school of their parent's choice.

AAA-FL is also an approved administrator of the Florida Gardiner Scholarship Program (formerly known as the Florida Personal Learning Account or PLSA). The Gardiner Scholarship Program is funded by a direct appropriation from the Legislature, with a grant awarded to AAA-FL based on the scholarship amounts awarded to each of its approved students. Parents of eligible Florida children may use the accounts to purchase approved education related goods or services.

AAA regularly monitors liquidity required to meet its scholarship program's operating needs. AAA does this by identifying and forecasting each program's liquidity requirements weekly. AAA has various sources of liquidity at its disposal, including cash and cash equivalents, short-term investments, and a bank line of credit of \$500,000 to help manage unanticipated liquidity needs.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, AAA considers all expenditures related to its ongoing program activities, as well as the services undertaken to fund and support those activities, to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, AAA operates with a balanced budget and anticipates collecting sufficient unrestricted revenue to cover general expenditures not covered by donor-restricted resources.

The following AAA-FL specific cash flow projection demonstrates sufficient funds to operate throughout the school year:

AAA Scholarship Foundation, Inc. Cash Flow Projection - FL Only Fiscal Year 2021-22

	July	August	September	October	November	December	January	February	March	April	May	June
Beginning Balance	18,387,481	19,289,793	23,992,105	21,181,130	25,368,109	24,276,361	28,565,340	18,919,841	23,588,820	23,857,799	13,512,300	17,931,279
+Cash Received	1,000,000	4,800,000	5,657,500	6,486,750	9,253,750	4,620,000	700,000	5,000,000	600,000	-	4,750,000	200,000
-Cash Paid Out	97,688	97,688	8,468,475	2,299,771	10,345,499	331,021	10,345,499	331,021	331,021	10,345,499	331,021	331,021
Ending Balance	19,289,793	23,992,105	21,181,130	25,368,109	24,276,361	28,565,340	18,919,841	23,588,820	23,857,799	13,512,300	17,931,279	17,800,258

Disclaimer: This report includes forward-looking statements that involve a number of risks and uncertainties. We would like to point out that the actual results could differ materially from those indicated or underlying these statements, or could have an impact on the realization of particular financial projections. Accordingly, we cannot guarantee the realization of these forward-looking statements

A description of the criteria and methodology that the organization will use to evaluate scholarship eligibility

In order to determine scholarship eligibility, applicants must provide support for the following requirements:

Florida Tax Credit and Family Empowerment Scholarships – Initial Applicants

- 1. The student's household income is at or below 260 percent of the federal poverty level (for FTC) or up to 300 percent of the federal poverty level (for FES):
 - a. AAA follows the guidelines provided by the National School Lunch Program's USDA Eligibility Manual for School Meals to determine the specific types of income to be included in determining eligibility.
 - i. Income documentation may include, but is not limited to, copies of the signed federal income tax return as filed with the IRS with all supporting schedules, IRS Transcript, year-end award letters/statements for any and all income sources including Cash Assistance (TANF), Food Stamps (SNAP), Social Security Income, Housing Assistance (Section 8, HUD, etc), Workers Compensation, Disability or Retirement, Forms W-2 or 1099.
 - b. AAA uses the guidelines provided by the National School Lunch Program's USDA Eligibility Manual for School Meals in order to determine household composition.
 - i. Household composition is based on economic units. An economic unit is a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, and who share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit.
- 2. The student is currently placed, or during the previous state fiscal year was placed, in foster care or in out-of-home care as defined in s. 39.01
 - a. Documentation from the state of Florida that validates that the child meets the definition of s. 39.01(29) or (48) and specifies the amount of support provided by the state for the benefit of the child.
- 3. The student is a sibling of an eligible student who is participating in the scholarship program and resides in the same household as the sibling.
- 4. Resident of Florida
 - a. AAA requires written documentation that an applicant is a resident of Florida.
 - b. Documentation may include parent/guardian's Florida driver's license, tax returns, utility bills, leases, etc.
- 5. Age Requirement
 - a. AAA requires birth certificates for all children to determine whether they meet the requirement that children must be 5 years old as of September 1.

Florida Tax Credit and Family Empowerment Scholarships – Renewing Applicants

- 1. Resident of Florida
 - a. AAA requires written confirmation that an applicant is a resident of Florida.
- 2. Grade Requirement
 - a. AAA requires written confirmation that the student meets the grade requirement of kindergarten 12th grade.
- 3. Age Requirement
 - a. AAA requires written confirmation that the student will be between the ages of 5 and 21 as of September 1st.
- 4. Prior Year Scholarship
 - a. AAA requires written confirmation that the student received a scholarship in the immediately prior school year.
- 5. Continued Eligibility
 - a. AAA requires written confirmation that neither the student nor the household had been disqualified from the program or had their scholarship revoked in the immediately prior school year.

<u>Gardiner Scholarship Program – Initial Applicants</u>

- 1. Resident of Florida
 - a. AAA requires written documentation that an applicant is a resident of Florida
 - b. Documentation may include parent/guardian's Florida driver's license, utility bills, leases, etc.
- 2. Age Requirement
 - a. AAA requires birth certificates for all children to determine whether they meet the requirement that children must be between 3 and 22 years old as of September 1st.
- 3. Grade Requirement
 - AAA requires documentation to determine whether students older than 5 years old meet the grade requirement of kindergarten – 12th grade.
 - b. Documentation may include prior school year or year-to-date report card for private or public school students; annual evaluation for homeschool students
- 4. Disability Requirement
 - a. AAA requires documentation that the student has at least one of the 17 disabilities enumerated in the state statute
 - b. Documentation consists of the Licensed Physician/Florida-Psychologist Diagnosis of Disability Form
- 5. Parent/Guardian Compliance
 - a. AAA requires written compliance with the Parent Responsibilities codified in the state statute
 - b. Documentation consists of the Notarized Sworn Compliance Form
- 6. Final Verification documentation
 - a. AAA requires written documentation in order to request funding for the students account before the DOE's first cross-check eligibility confirmation
 - b. Documentation consist of one of the following three documents:
 - 1. A letter from the public school district verifying the student's

registration in a home education program, or

- 2. A completed withdrawal from the public school district, or
- 3. A letter from an eligible private school to show enrollment

<u>Gardiner Scholarship Program – Renewing Applicants</u>

- 1. Resident of Florida
 - a. AAA requires written confirmation that an applicant is a resident of Florida.
- 2. Age Requirement
 - a. AAA requires written confirmation that the student is between 3 and 22 years old as of September 1
- 3. Grade Requirement
 - a. AAA requires written confirmation that students older than 5 years old meet the grade requirement of kindergarten 12th grade.
- 4. Prior Year Scholarship (for transferring students only)
 - a. If an applicant self-identifies as transferring from another SFO, we require documentation that the student received a scholarship in the immediately prior school year.
- 5. Continued Eligibility
 - a. AAA requires written confirmation that neither the student nor the household had been disqualified from the program or had their scholarship revoked in the immediately prior school year.
- 6. Parent/Guardian Compliance
 - a. AAA requires written compliance with the Parent Responsibilities codified in the state statute
 - b. Documentation consists of the Notarized Sworn Compliance Form (page 3 of the application)
- 7. Final Verification documentation
 - a. AAA requires written documentation in order to request funding for the students account before the DOE's first cross-check eligibility confirmation
 - b. Documentation consist of one of the following three documents:
 - 1. A letter from the public school district verifying the student's registration in a home education program, or
 - 2. A completed withdrawal from the public school district, or
 - 3. A letter from an eligible private school to show enrollment

A description of the application process, including deadlines and any associated fees (for all Florida programs unless stated otherwise).

In order to prove their eligibility, Florida households must annually complete an AAA application and provide required supporting documentation (see the following pages). There is no application or other fees charged to apply with AAA.

Paper applications are expected to be mailed to renewing families in mid-January. Online applications become available to renewing families a few weeks later on the AAA website.

In order to maintain their priority status, renewing applicants must submit their renewal application by the priority processing deadline stated on the applications. For the 2020-2021 school year, the priority processing deadline was April 24, 2020 for FTC and March 13, 2020 for Gardiner. Renewing FES families applied with the Florida Department of Education for the 2020-2021 school year but will apply with SFOs for the 2021-2022 school year. AAA is anticipating the deadline for renewing FES applications to be March 1, 2021. Both online and paper applications become available to the public in mid-March.

Application submission deadlines are determined based on scholarship demand and projected funding levels. The current deadline for the 2020-2021 school year application is January 15, 2021 for FTC and FES – except for students in foster care, out-of-home care or a dependent child of a parent who is a member of the United States Armed Forces, who are allowed to apply for a scholarship at any time. The final Gardiner 2020-2021 school year application deadline was October 10, 2020.

Processing of applications is typically completed within several weeks once ALL required documentation has been received. Parents can check the status of their application by clicking on the "Check the Status of your Application" link on the AAA website.

Florida Tax Credit Scholarship Program

Once applications are in the "Completed" status, a determination letter is mailed to the mailing address that was listed on the application within two - four weeks. By law, first priority must be given to eligible renewal students who received a scholarship from an eligible nonprofit scholarship-funding organization or from the State of Florida during the previous school year, next priority must be given to a student whose household income level does not exceed 185 percent of the federal poverty level or who is in foster care or out-of-home care.

Households that are determined eligible AND receive funding for the upcoming school year will receive a Scholarship Award Letter and a School Commitment Form (SCF) in the mail directly from AAA. Those who are determined ineligible will receive a denial letter in the mail directly from AAA with instructions on how to appeal the decision, if they choose to do so.

The use of a scholarship cannot be postponed. The household must find an eligible private school for their student(s) as soon as they receive a scholarship award letter and School Commitment Form or "SCF". Failure to meet the deadline stated on the SCF will result in the forfeiture of the awarded scholarship. Households should make a copy of the blank SCF before taking it to an eligible private school in case they decide to transfer to a different eligible private school later in the year. By completing the school enrollment form, both the parents and the schools agree to abide by the terms of the AAA Parent/School Handbook.

We remind schools that they should not accept any students without an SCF unless the household: 1) is willing to self-pay their tuition and fees until they are awarded a scholarship and 2) will self-pay if they are not. If a household receives an SCF in error or their eligibility is revoked, the private school that has enrolled the student will be notified as soon as possible. By accepting the scholarship student and scholarship payment, the private school agrees to repay to AAA any incorrectly made or overpayment of funds on behalf of the student, regardless of the reason.

FTC Scholarship Values

The maximum value of an awarded scholarship is determined by each state. FTC scholarship awards are as follows:

For students who have maintained an active Florida Tax Credit scholarship since the 2018-19 school year or earlier, the award is the greater of these two values:

- 95% of the funds allocated per unweighted FTE (base-level + all categorical programs) per grade level and district (click here for the district award values)
 OR –
- The values listed here:

```
K – 5th grade – $6,519
6th – 8th grade – $6,815
9th – 12th grade – $7,112
```

For new students, the award is equal to 95% of the funds allocated per unweighted FTE (base-level + all categorical programs) per grade level and district (click here for the district award values).

FTC Required Documentation (as applicable):

Signed and completed application;

In addition, new applicants must submit copies of the following documents:

- Birth certificates for participating students; and
- Documentation verifying legal guardianship; and
- Documentation verifying proof of Florida address; and
- Documentation verifying placement in foster care or out-of-home care; and
- Documentation verifying a parent's membership of the United States Armed Forces; and
- Additional documentation as required, based on the household facts and circumstances, and
- Documentation of each household member's income including but not limited to:
 - Copies of the signed federal income tax return as filed with the IRS with all supporting forms and schedules,
 - · IRS Transcript,
 - Year-End award letters/statements for any and all income sources including Cash Assistance (TANF), Food Stamps (SNAP), Social Security Income, Housing

Assistance (Section 8, HUD, etc.), Workers Compensation, Disability or Retirement,

- Forms W-2 and 1099;
- Information/documentation explaining a "special circumstance" if the family's documented income does not reflect the income that will be available during the school year.

Family Empowerment Scholarship Program

Once applications are in the "Completed" status, a conditional determination letter will be mailed to the mailing address that was listed on the application. The student's information will then be securely transferred to the Florida Department of Education to make a final determination of eligibility. Upon receipt of the Florida Department of Education's determination, a final determination letter will be sent to the applicant.

For eligible students, the final determination letter will instruct the parent/guardian that to enact the scholarship they will need to have their child enrolled in an approved private school. The deadline for enrollment is set by the Florida Department of Education. The approved private school confirms enrollment directly with the Florida Department of Education through their secure online portal. For ineligible students, the final determination letter will notify them of the reason for ineligibility and how to appeal, if they choose to do so.

FES Scholarship Values

An FES award is equal to 95% of the funds allocated per unweighted FTE (base-level + all categorical programs) per grade level and district. The Florida Department of Education determines the award value.

FES Required Documentation (as applicable):

Signed and completed application;

In addition, new applicants must submit copies of the following documents:

- Birth Certificates for participating students; and
- Documentation verifying legal guardianship; and
- Documentation verifying proof of Florida address; and
- Documentation verifying placement in foster care or out-of-home care; and
- Documentation verifying a parent's membership of the United States Armed Forces; and
- Documentation of each household member's income including but not limited to:
 - Copies of the signed federal income tax return as filed with the IRS with all supporting schedules,
 - o IRS Transcript,
 - Year-End award letters/statements for any and all income sources including Cash Assistance (TANF), Food Stamps (SNAP), Social Security Income, Housing Assistance (Section 8, HUD, etc.), Workers Compensation, Disability or Retirement,

- o Forms W-2 and 1099;
- A letter explaining a "special circumstance" if the family's documented income does not reflect the income that will be available during the school year; and
- Additional documentation as requested based on household facts and circumstances.

Gardiner Scholarship Program

Gardiner Scholarships are awarded to eligible students in the following priority order: renewing students from the previous school year; students retained on the previous school year's wait list; newly approved applicants; and late-filed applicants on a first-completed, first-awarded basis.

Eligibility is conditional until the Florida Department of Education has cross-checked the student against the rosters for public school and the other Florida scholarship programs. The cross-checks begin in July of each year and continue monthly as new applications are found conditionally eligible until all available grant funds have been exhausted.

Scholarship accounts begin being funded by the Florida Department of Education approximately 30 days after the state has completed the cross-check process. The state determines the level of funding for the program each year. If sufficient funding runs out or is not available, eligible students will be placed on a waiting list.

Gardiner Scholarship Values

The award for a new student entering the program shall be based on the student's matrix level of services. The funding for a student without a matrix of services shall be based on the matrix that assigns the student to support Level III of services. If a parent chooses to request and receive a matrix of services from the school district, when the school district completes the matrix, the amount of the payment shall be adjusted as needed.

The award value is prorated based on the date the student is found eligible by AAA:

- 1. By September 1st, a student shall receive 100 percent of the maximum award level.
- 2. By November 1st, a student shall receive 75 percent of the maximum award level for that student.
- 3. By February 1st, a student shall receive 50 percent of the maximum award level for that student.
- 4. By April 1st, a student shall receive 25 percent of the maximum award level for that student.

Gardiner Required Documentation (as applicable):

- Signed and completed application; and
- Notarized Sworn Compliance Statement and one of the following three documents:
 - 1. a letter from the public school district verifying the student's registration in a home education program, or
 - 2. a completed withdrawal from the public school district, or
 - 3. a letter from an eligible private school to show enrollment

- In addition, new applicants must submit copies of the following documents:
 - 1. Licensed Physician/Florida-Psychologist Diagnosis of Disability Form (page 5 of application);
 - 2. Parent/Guardian's Florida Driver's License OR Current Florida Utility Bill in the name of the parent or Guardian;
 - 3. Student's Birth Certificate:
 - 4. Prior School Year or Year-to-Date report card for private or public school students; annual evaluation for homeschool students;
 - 5. Individual Education Plan (IEP), if available