



SGOID#:
Date Rec'd:
Rec'd/Rcrd by:
For SD DOI use only

**Partners in Education Tax Credit Program
 Scholarship Granting Organization
 Annual Report and Participation Renewal or Withdrawal**

(Use tab key, arrow keys or mouse click to navigate through fields)

- Check if Scholarship Granting Organization is withdrawing from participating in the Partners in Education Tax Credit Program.
- Check if this is the final annual report of calendar year activities to be provided to the South Dakota Division of Insurance for Partners in Education Tax Credit Program participation.

Section I: Scholarship Granting Organization Information:

Part A: SGO Basic Information

Scholarship Granting Organization Name		SGO Identification Number	
Business Street Address		City	State SD
Mailing Address: <input type="checkbox"/> (check if mailing address is same as principal address)		City	State SD
Primary Contact		Position/Title	
Primary Contact Email	Phone		Fax
Organization Website	Organization Email		

Part B: Additional Scholarship Granting Organization Management, Officers and Employees Information

(proof of background checks for each must be attached if not previously filed)

Name:	New? <input type="checkbox"/>	Name:	New? <input type="checkbox"/>	Name:	New? <input type="checkbox"/>
Position/Title:		Position/Title:		Position/Title:	
Name:	New? <input type="checkbox"/>	Name:	New? <input type="checkbox"/>	Name:	New? <input type="checkbox"/>
Position/Title:		Position/Title:		Position/Title:	

Part C: Scholarship Granting Organization Board Member Information

(proof of background checks for each must be attached if not previously filed)

Name:		Name:		Name:	
Address:		Address:		Address:	
City/State/ZIP SD	State of Residency SD	City/State/ZIP SD	State of Residency SD	City/State/ZIP SD	State of Residency SD
Telephone:		Telephone:		Telephone:	
Date of Appointment	Term of Service	Date of Appointment	Term of Service	Date of Appointment	Term of Service
Name:		Name:		Name:	
Address:		Address:		Address:	
City/State/ZIP SD	State of Residency SD	City/State/ZIP SD	State of Residency SD	City/State/ZIP SD	State of Residency SD
Telephone:		Telephone:		Telephone:	
Date of Appointment	Term of Service	Date of Appointment	Term of Service	Date of Appointment	Term of Service

Part D: Scholarship Granting Organization Participation Renewal or Withdrawal

The scholarship granting organization (“SGO”): (mark all that apply)

- Intends to provide educational scholarships to eligible students for the _____ to _____ school year and will comply with all parameters of the Partners in Education Tax Credit Program (“Program”). **(Do not select if withdrawing from program)**

SGO withdrawal from participating

- This SGO will no longer participate in the Partners in Education Tax Credit Program as of _____. This form must be completed in its entirety and any final reports must be filed in compliance with the Program.

- Had changes concerning its 501(c)(3) status since its initial application or previous annual report, whichever is more recent. (If yes, please explain changes and provide any applicable supporting documentation, including any notifications received from IRS)

Explanation:

- Had changes in management, officers or employees since its initial application or previous report, whichever is more recent. (If yes, please provide proof that background checks have been performed)
- Had changes in board members since its initial application or previous report, whichever is more recent. (If yes, please provide proof that background checks have been performed)
- Has secured the services of a certified public accountant to complete the Company Contributions Detail Worksheet to accompany this Annual Report and Participation Renewal or Withdrawal form.
- Has filed the financial information report completed by a certified public accountant and submitted to the Auditor General. Date the report was filed: _____

If the financial information report has not been filed with the Auditor General, please provide an explanation on the status of this annual filing.

Explanation:

Section II: Scholarship Granting Organization Supporting Documentation:

The above named scholarship granting organization has included the following required attachments:

- Proof that background checks have been conducted on management, officers, or employees employed by the organization and board members appointed since the initial application or most recent annual filing
- Additional explanations as required by this form
- Completed Company Contribution Detail Worksheet from Section III

Section III: Summary of Contributions and Scholarships Awarded

- I confirm that all Partners in Education Tax Credit Scholarships awarded by this organization were to eligible students attending qualifying schools pursuant to the requirements/parameters outlined in SDCL Chapter 13-65.

Use data from Insurance Company Contributions Detail Worksheet Completed by Certified Public Accountant (cell reference from worksheet listed). If multiple worksheets were completed to account for all calendar and fiscal year activity, please list the aggregate total for the cell referenced below.

Part A. Educational Scholarship Contributions Received from Insurance Companies (Calendar Year)

Calendar Year

- 1) Total number (#) of contributions to SGO received from all insurance companies
- 2) Total amount (\$) of contributions received by organization received from insurance companies
- 3) Total number (#) of contributions to SGO received from insurance companies seeking a tax credit
- 4) Total amount (\$) of contributions to SGO received from insurance companies seeking a tax credit

\$	
\$	

Cell Ref.

Column A

(C21)

(B22)

(C22)

Part B. Educational Scholarships Awarded to Eligible Students (Fiscal Year)

Fiscal Year

Cell Ref.

1)	Total number (#) of Partners in Education Tax Credit Program scholarships awarded to all eligible students		(D23)
2)	Total amount (\$) of Partners in Education Tax Credit Program scholarships awarded to all eligible students	\$	(E23)
3)	Percentage of Program Scholarships issued to first-time recipients		
	a) previously enrolled in public school in South Dakota	%	(H24)
	b) starting in K-12 school in South Dakota for the first time	%	(H25)
4)	Total number (#) of Partners in Education Tax Credit Program scholarships awarded to all eligible low-income students		(F23)
5)	Total amount (\$) of Partners in Education Tax Credit Program scholarships awarded to all eligible low-income students	\$	(G23)
6)	Percentage of Program Scholarships issued to first-time low-income recipients		
	a) previously enrolled in public school in South Dakota	%	(I24)
	b) starting in K-12 school in South Dakota for the first time	%	(I25)

Section IV: Scholarship Granting Organization Affirmations

I affirm, on behalf of the organization as its authorized representative, that the information provided on this Registration Renewal and Annual Filing and any supporting documentation represents the organization's intent to continue its participate in the Program and will adhere to and complete all Program requirements and restrictions. The SGO reaffirms all affirmations made in Section III of the initial application filed with the Division; any exceptions are noted in this annual report. In addition, this filing and any supporting documentation constitutes true and correct representations of the organization's activities in the previous fiscal year.

Signature of Authorized Representative of Scholarship Granting Organization

Date

Printed Name of Authorized Representative

The completed form and supporting documentation should be remitted by email to the South Dakota Division of Insurance at SDInsuranceTaxCredit@state.sd.us on or before June 1.

Partners in Education Tax Credit Program Scholarship Granting Organization Annual Report and Participation Renewal or Withdrawal Instructions

Any scholarship granting organization (“SGO”) participating in the Partners in Education Tax Credit Program (“Program”) must file an Annual Report reflecting the organization’s activities from the previous calendar year. This report must be filed with the South Dakota Division of Insurance (“Division”) by June 1. As part of the Annual Report, the SGO must indicate if it will continue (renew) its participation in the Program or if it will be withdrawing from the Program and ceasing its collection of contributions from insurance companies licensed in South Dakota seeking a tax credit on their premium tax return.

Section I: Scholarship Granting Organization Information

- ⇒ Check this box if the SGO withdrawing its participation from the Program
- ⇒ Check this box if this Annual Report will be considered the final Annual Report detailing SGO activities during the previous calendar year and the SGO has ceased participation with no additional current calendar year data to report

Part A: SGO Basic Information

For this category: Enter:

Scholarship Granting Organization Name	⇒	Business Name of SGO
SGO Identification Number	⇒	SGO Identification Number assigned by the Division
Business Address	⇒	Office physical location for SGO
Mailing Address	⇒	Mailing address – select checkbox if Business and Mailing address are the same
Primary Contact	⇒	Name of primary contact for SGO
Position/Title	⇒	Position/Title held by primary contact
Primary Contact Email	⇒	Email address for SGO primary contact
Phone Number	⇒	Phone number for SGO
Fax Number	⇒	Fax number for SGO (if available)
Organization Website	⇒	Website address for SGO (if available)
Organization Email	⇒	Email address for SGO if different from email for primary contact

Part B: Additional Scholarship Granting Organization Management, Officers and Employees Information

For this category: Enter:

Name	⇒	Management, Officer, or Employee’s Name
New?	⇒	Check if management, officer or employee listed was employed since initial application or most recent Annual Report filing
Position/Title	⇒	Position/Title held by management, officer or employee

Repeat for each member of management, officer or employee. If additional space is needed, a separate page can be used.

Part C: Scholarship Granting Organization Board Member Information

For this category: Enter:

Name	⇒	Name of Board Member
New?	⇒	Check if board member was appointed since initial application or most recent Annual Report filing
Address	⇒	Address of Board Member
City/State/ZIP	⇒	City/State/ZIP for Board Member (state default is SD but can be altered, if needed)
State of Residency	⇒	State of Residency for Board Member (state default is SD but can be altered, if needed)
Telephone	⇒	Telephone number for Board Member
Date of Appointment	⇒	Date Board Member joined the Board
Term of Service	⇒	Length of service for Board Member, if applicable (e.g. number of months or years)

Repeat for each member of the SGO Board. If additional space is needed, a separate page can be used.

Part D: Scholarship Granting Organization Participation Renewal or Withdrawal (mark all that apply)

- ⇒ Check if SGO intends to continue (renew) its participation in the Program, identifying the school year for awarding scholarships
- OR-
- ⇒ Check if SGO is withdrawing from participation in the Program. If withdrawing, the form must be completed in its entirety and any final reports must be filed in accordance with the Program.

-AND-

- ⇒ Check if SGO experienced any changes in its 501(c)(3) status; if checked, an explanation and any supporting documentation must be provided.
- ⇒ Check if SGO experienced any changes in its management, officers, or employees since its initial application or previous Annual Report and Participation Renewal or Withdrawal filing, whichever is more recent
- ⇒ Check if SGO experienced any changes in its board members since its initial application or previous Annual Report and Participation Renewal or Withdrawal filing, whichever is more recent
- ⇒ Check if SGO secured a certified public accountant to complete the Company Contributions Detail Worksheet required to accompany this Annual Report.
- ⇒ Check if SGO has filed the financial information report completed by a certified public accountant to the Auditor General; date report was filed should be listed. If the report has not been filed, SGO should provide a detailed explanation on the status of the filing.

Section II: Scholarship Granting Organization Supporting Documentation

Check boxes to show that supporting documentation is being included with this Annual Report:

- ⇒ Background checks have been completed on newly hired SGO management, officers, and employees and newly appointed board members that have joined the organization since the initial application or last annual report filing, whichever is more recent
- ⇒ Any additional explanations necessary to complete or accompany the report
- ⇒ Company Contribution Detail Worksheet completed by a certified public accountant

Section III: Summary of Contributions and Scholarships Awarded

- ⇒ Check to confirm that scholarships awarded were within the Program guidelines and requirements.

Use the Company Contributions Detail Worksheet to complete the information below. Column identifiers are highlighted and row identifiers are marked on the right and left side of the worksheet. If multiple worksheets were completed, please list the aggregate total for cell referenced in this area.

Part A. Educational Scholarship Contributions Received from Insurance Companies (Previous Calendar Year)

- ⇒ Enter number (#) shown in column A associated with final insurance company listing (The worksheet allows for 20 entries. If an SGO has more than 20 to report, additional worksheets should be completed as needed.)
- ⇒ Total amount (\$) of contributions received from all insurance companies
- ⇒ Total number (#) of contributions from insurance companies seeking tax credit
- ⇒ Total amount (\$) of contributions from insurance companies seeking tax credit

Part B. Educational Scholarships Awarded to Eligible Students (Current Fiscal Year)

- ⇒ Total number (#) of Program scholarships awarded
- ⇒ Total amount (\$) of Program scholarships awarded
- ⇒ Percentage of Program scholarships awarded to eligible student previously enrolled in public school in South Dakota
- ⇒ Percentage of Program scholarships awarded to eligible student starting in South Dakota school for first time
- ⇒ Total number (#) of Program scholarships awarded to low-income students
- ⇒ Total amount (\$) of Program scholarships awarded to low-income students
- ⇒ Percentage of Program scholarships awarded to eligible low-income student previously enrolled in public school in South Dakota
- ⇒ Percentage of Program scholarships awarded to eligible low-income student starting in South Dakota school for first time

Section IV: Scholarship Granting Organization Affirmations

- ⇒ Completed report must be signed and dated by authorized representative of SGO

Completed form and accompanying documentation must be submitted to the Division by email to SDInsuranceTaxCredit@state.sd.us on or before June 1.