JAMES MOORE & CO.,P.L. 121 EXECUTIVE CIRCLE DAYTONA BEACH, FL 32114-1180

DAYTONA STATE COLLEGE FOUNDATION INC 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114-2817

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Form	qqn
Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.



AF	or τη	e 2021 calendar year, or tax year beginning and en	nding		
B c	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
X	Addre	DAYTONA STATE COLLEGE FOUNDATION INC			
	Name	e Doing business as		59-15818	05
	Initial returr	Number and street (or P.0. box if mail is not delivered to street address)	E Telephone number		
	Final returr	1200 W INTERNATIONAL SPEEDWAY BLVD		386-506-	3118
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,421,949.
	Amer returr			H(a) Is this a group re	eturn
	Appli tion	F Name and address of principal officer: MARTIN CASS		for subordinates	
	pendi	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
11	Tax-ex	empt status: X 501(c)(3) \Box 501(c) () \checkmark (insert no.) \Box 4947(a)(1) or	527	If "No," attach a	list. See instructions
J١	Nebsi	te: ▶ WWW.DAYTONASTATE.EDU/FOUNDATION		H(c) Group exemptio	n number 🕨
κF	orm o	f organization: 🚺 Corporation 🔄 Trust 📄 Association 📄 Other 🕨	L Year of	of formation: 1975	I State of legal domicile: FL
Pa	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities: SEE SC	CHEDU	LE O	
Governance					
rna	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	d of more	than 25% of its net ass	ets.
Ne	3	Number of voting members of the governing body (Part VI, line 1a)		3	20
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			19
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
/itie	6	Total number of volunteers (estimate if necessary)		6	24
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_ <	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		2,054,545.	2,623,650.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,739,203.	3,488,277.
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,640.	33,207.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,804,388.	6,145,134.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,966,731.	2,481,143.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
nse	1 6a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		707,639.	756,537.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,674,370.	3,237,680.
	19	Revenue less expenses. Subtract line 18 from line 12		130,018.	2,907,454.
OC				jinning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		35,834,899.	38,935,119.
t Assets	21	Total liabilities (Part X, line 26)		240,913.	18,623.
Plei	22	Net assets or fund balances. Subtract line 21 from line 20		35,593,986.	38,916,496.
Pa	art II	Signature Block			
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules an	ind stateme	nts, and to the best of my	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date						
Here	MARTIN CASS, CFO								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date Check PTIN						
Paid	JAMES A. HALLERAN	JAMES A. HALLERAN	10/12/22 self-employed P00005496						
Preparer	Firm's name 🕨 JAMES MOORE & CO	.,P.L.	Firm's EIN ▶ 59-3204548						
Use Only	Firm's address 🕨 121 EXECUTIVE CI	RCLE							
	DAYTONA BEACH, F	L 32114-1180	Phone no. $386 - 257 - 4100$						
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)								

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Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	DIRECT SUPPORT ORGANIZATION OF DAYTONA STATE COLLEGE. PURPOSE		
	PROVIDE FINANCIAL SUPPORT TO COLLEGE FACILITY OF PROGRAM ACTIV	ITIES	
	AND ASSISTANCE TO ITS STUDENTS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	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 e		nd
	revenue, if any, for each program service reported.	, , ,	
4a	(Code:) (Expenses \$1, 327, 773. including grants of \$1, 327, 773.) (Revenue \$)
	GRANTS AND OTHER ASSISTANCE INCLUDING DAYTONA STATE COLLEGE PRO	OGRAM	/
	SUPPORT THAT FUNDS COLLEGE CONSTRUCTION, TRIO STUDENT SUPPORT		
	SERVICES, RESPIRATORY THERAPY, LAW ENFORCEMENT ACADEMY, AND NU	RSTNG.	
4b	(Code:) (Expenses \$1,153,370. including grants of \$1,153,370.) (Revenue \$))
	STUDENT ASSISTANCE IN THE FORM OF TUITION, BOOKS, MATERIALS,		
	SCHOLARSHIPS OR GRANTS FOR EMERGENCY FINANCIAL ASSISTANCE		
4.	(Code:) (Expenses \$507,794. including grants of \$) (Revenue \$	31	328.)
4c	(Code:) (Expenses \$507,794. including grants of \$) (Revenue \$) (Revenue \$) OTHER SUPPORT TO THE COLLEGE FACILITY OR PROGRAM ACTIVITIES.	J=,	<u>520.</u>)
	OTHER SUPPORT TO THE COLLEGE FACIDITY OR PROGRAM ACTIVITIES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,988,937.		
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. 32302	2		

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Form 990 (COLLEGE	FOUNDATION	INC
Part IV	Checklist of R	equired Sch				

			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 Schedule B, Schedule of Contributors? 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	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
e	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
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		Х
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	Х	
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	<u>11a</u>		<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		х
Ч	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> 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	11c		<u></u>
u		11d		х
e	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	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		Х
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
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			77
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		v
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10		16		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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		х
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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	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 employees? If "Yes," complete			
	Schedule J	23	Х	
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	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	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	25a		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? If "Yes," complete			
	Schedule L. Part I	25b		x
26	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	26		x
27	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 persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
d		00-		x
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	~~		v
~~	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		X
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	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Statements Regarding Other IRS Filings and Tax Compliance (continued)							

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s				37
3a				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			х
h	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccour	ιτ) ?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	cour	te (EBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		its (FDAN).	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?	-		6a		х
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?		~	6b		
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						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		<u> </u>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc			7g 7h		
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 organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 49662 						
 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? 						
10	Section 501(c)(7) organizations. Enter:			9b		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
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		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	406	1			
•	organization is licensed to issue qualified health plans	13b 13c		-		
	Enter the amount of reserves on hand			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					<u> </u>
-	excess parachute payment(s) during the year?			15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			_		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
	5			Eor~	990	(0004)

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Form 990 (2021)

Part V

Form	990	(2021)
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DAYTONA STATE COLLEGE FOUNDATION INC

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

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X

Part VI 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.

Sec	tion 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	1a	20			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w	with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the o	direct supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ts?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				37	
a	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach					77
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	enue Code.)			Vee	Na
10-	Did the exception have least chanters, branches, or efflicted?		1	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		- 23
D				10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body I	before filing the for		11a		х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			110		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye			12.0		
-	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval l					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a		Х
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent 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 organiz	ation's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	1 990-T (section 501	(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain of			_		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cont	flict of interest polic	y, and	financ	cial	
•	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	s and records				
	MARTIN CASS - 386-506-3118	, FL 3211	1-2	017		
	1200 W. INTERNATIONAL SPEEDWAY BLVD., DAYTONA BEACH,	, FL 3211	4-20		990	(0004)
132006	12-09-21 6			Form	990	(2021)
	U U					

Form 990 (2021)	DAYTONA STATE COLLEGE FOUNDATION INC	59-1581805	Page 7									
Part VII Compe	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated											
Employ	ees, and Independent Contractors											
Check if S	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 tabl	le for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization's	s tax year.									
 List all of the org 	ganization's current officers, directors, trustees (whether individuals or organizations), re	egardless of amount of compens	ation.									

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)						(D)	(E)	(F)	
Name and title	Average	(do	not c				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aaa	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		ee	npen		1099-NEC)	1099-NEC)	and related
	below	dual t	nstitutional trustee	_	m ploy	st col	2	1000 1120)		organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS LOBASSO	1.00									
PRESIDENT/DIRECTOR	40.00	Х						0.	443,804.	56,934.
(2) MARTIN CASS	40.00									
CHIEF FINANCIAL OFFICER				Х				0.	126,853.	43,960.
(3) TIMOTHY NORTON	40.00									
VICE PRESIDENT				Х				0.	147,525.	15,891.
(4) JUDITH D'APRILE-HAYDT	40.00									
EXECUTIVE DIRECTOR AS OF SEPT 2021				Х				0.	26,015.	5,111.
(5) SARAH DOUGHERTY	1.00									
DIRECTOR		Х						0.	0.	0.
(6) BEVERLY GRISSOM	1.00									
DIRECTOR		Х						0.	0.	0.
(7) MARY HALL BOYD	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JOHN HODGSON	1.00									
DIRECTOR		Х						0.	0.	0.
(9) RUFUS JOHNSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) FRANK MOLNAR	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DAVID SACKS	1.00									
DIRECTOR		Х						0.	0.	0.
(12) GREGORY D. SNELL	1.00									
DIRECTOR		Х						0.	0.	0.
(13) GREG SULLIVAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) MAGGIE THOMPSON	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JEFF ABBOTT	1.00									
DIRECTOR		Х						0.	0.	0.
(16) ZINA GRAU	1.00									
VICE CHAIR		Х		X				0.	0.	0.
(17) DAN FRANCATI	1.00									-
DIRECTOR		Х						0.	0.	0.
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form **990** (2021)

13201012 789407 202963.1

Form 990 (2021) DAYTONA									59-15	5818	805	Pag	e 8
Part VII Section A. Officers, Directors, Trust		ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do			ition more) than o	ne	Reportable	Reportable		Es	timated	
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensatio	n		ount of	
									from related			other	
	(list any hours for	recto						the	organizations	I		pensatio	ึงท
	related	or di	ee			ated		organization	(W-2/1099-MIS	C/		om the	
	organizations	ustee	trust		9	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizatio I relatec	
	below	lual tr	tional		yold	st con yee	L	1033-NEO)				nizatior	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				orgu	Incation	
(18) MICHELE GOEB-BURKETT	1.00												
DIRECTOR		Х						0.		0.			0.
(19) LOUIS SENO	1.00	v						0		0.			^
DIRECTOR	1 00	Х						0.		0.			0.
(20) DENIS SHELLEY	1.00	х		х				0.		0.			^
CHAIR (21) WILLIAM LENSSEN	1.00	Λ		Δ				0.		0.			0.
SECRETARY	1.00	х		х				0.		0.			0.
(22) MICHAEL J. DURANCEAU	1.00			23						••			<u>.</u>
DIRECTOR	1.00	х						0.		0.			0.
(23) BOBBY THIGPEN	1.00												
IMMEDIATE PAST CHAIR		Х		Х				0.		0.			0.
1b Subtotal								0.	744,19	97.	121	L,89	6.
c Total from continuation sheets to Part VI	, Section A							0.		0.			0.
d Total (add lines 1b and 1c)								0.	744,19	97.	121	L,89	6.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable				
compensation from the organization 🕨													0
										ſ		Yes I	No
3 Did the organization list any former officer,	,					·		, , ,	,				
line 1a? If "Yes," complete Schedule J for si											3	-	<u>x</u>
4 For any individual listed on line 1a, is the su			-					-	-			x	
and related organizations greater than \$150										····	4	^	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If</i> "Yes." <i>complete Schedule J for such person</i>								5		х			
Section B. Independent Contractors		- 0 /	JI SU	ιση μ	50/30	<u> </u>							
1 Complete this table for your five highest con	npensated ind	lepe	nder	nt co	ontra	actor	s tł	nat received more than \$	6100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ıg w	ith c	or wit	hin	the organization's tax y	ear.				
(A) (B) Name and business address NONE Description of services							C	(C	;) Isation				
	2001033	INC		5			_	Description of a		0	omper	ISALION	
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	l to 1			ted	above) who received m	ore than				
\$100,000 of compensation from the organiz	ation 🕨				0)							

Form 990 (2021)

132008 12-09-21

	n 990 (i			LEGE FOUNDATION	N INC		59-158180	5 Page 9
Pa	rt VII	Statement of Re	venue					
		Check if Schedule O	contains a respons	se or note to any line	e 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
ຽ	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
ng D	с	Fundraising events		14,646.				
ar A	d	Related organizations		460,525.				
s, G	е	Government grants (contr	ibutions) 1e					
tion S	f	All other contributions, gifts,	grants, and					
ibu		similar amounts not included		2,148,479.				
ontr of	g	Noncash contributions included in						
<u>ų p</u>	h	Total. Add lines 1a-1f			2,623,650.			
				Business Code				
ice	2 a			-				
serv ue	b			-				
ven Sen	c d							
Program Service Revenue	e			-				
Pro	f	All other program service	revenue	-				
		Total. Add lines 2a-2f						
	3	Investment income (includ						
		other similar amounts)		►	625,946.			625,946
	4	Income from investment of	of tax-exempt bond	d proceeds 🛛 🕨				
	5	Royalties						
		_	(i) Real	(ii) Personal				
		Gross rents	6a 34,32	8. 0.				
	b	Less: rental expenses	6b 6c 34,32	-				
	c d	Rental income or (loss) Net rental income or (loss)		••	34,328.	34,328.		
		Gross amount from sales of	(i) Securitie	s (ii) Other				
	<i>,</i> a	assets other than inventory	7a 3,129,29					
	b	Less: cost or other basis						
е		and sales expenses	7b 266,95	9.				
venue	с	Gain or (loss)	7c 2,862,33	1.				
e la	d	Net gain or (loss)		►	2,862,331.			2,862,331.
Other R	8 a		14,646. of					
		contributions reported on	· · · ·	8a 8,735.				
	h	Part IV, line 18 Less: direct expenses		8a 8,735. 8b 9,856.				
		Net income or (loss) from			-1,121.			-1,121.
		Gross income from gamin			,			,
		Part IV, line 19	-	9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from						
	10 a	Gross sales of inventory, I	less returns					
		and allowances		10a				
		Less: cost of goods sold		10b				
-+	С	Net income or (loss) from	sales of inventory					
sn	44 -			Business Code				
ine o	11 a b			-				
Miscellaneous <u>Revenue</u>	u c			-				
isc. Be	с h	All other revenue		-				
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instruction			6,145,134.	34,328.	0.	3,487,156.
132009	9 12-09-							Form 990 (2021

Form 990	(2021)
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С

DAYTONA STATE COLLEGE FOUNDATION INC

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17,750.

78,072.

102,052.

1,635.

9,014.

307.

6,567.

32,096.

247,493.

5,966.

4,913.

993.

10,152.

2,988,937.

476,642.

Pa	rt IX Statement of Functional Expense	es			
Secti	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,327,773.	1,327,773.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,153,370.	1,153,370.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disgualified				

persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)

9 10 11 Fees for services (nonemployees):

Other employee benefits

Payroll taxes Management а b Legal

Accounting

Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 Office expenses 13 Information technology 14 15 Royalties 16 Occupancy _____ 17 Travel 18 Payments of travel or entertainment expenses

- for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest
- Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance

Other expenses. Itemize expenses not covered 24 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 0.) OTHER SERVICES AND EXPE а b С

Check here if following SOP 98-2 (ASC 958-720)

4,072. 3,765. 11,930. 5,363.

993.

42,248.

17,750.

78,072.

102,052.

8,851.

13,927.

476,642.

3,237,680. 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.

132010 12-09-21

All other expenses

d

е

25

26

Form 990 (2021)

1,250.

1,250.

13201012 789407 202963.1

DAYTONA	STATE	COLLEGE	FOUNDATION	INC
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(A) Beginning of year (B) End of year 1 Cash - non-interest-bearing 265,094.1 325,830 2 Savings and temporary cash investments 46,988.2 94,810 3 Pledges and grants receivable, net 300,000.3 250,000 4 Accounts receivable, net 4 4 5 Loans and other receivables from 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 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 8 Inventories for sale or use 8 9 9 Prepaid expenses and deferred charges 9 34,775 10a 10b 10c 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114.12 38,060,991	
2 Savings and temporary cash investments 466,988.2 94,810 3 Pledges and grants receivable, net 300,000.3 250,000 4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114.12 38,060,991	
2 Savings and temporary cash investments 466,988.2 94,810 3 Pledges and grants receivable, net 300,000.3 250,000 4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 34,771 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 11 Investments - publicly traded securities 11 35,084,114.12 38,060,994	0.
3 Pledges and grants receivable, net 300,000.3 250,000 4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,1144. 12 38,060,995	
4 Accounts receivable, net 4 5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35, 084, 114. 12 38, 060, 995	0.
5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35, 084, 114. 12 38, 060, 995	
controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12 38,060,998	
6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a 10a 9 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12	
Invertories for sale or use 6 Prepaid expenses and deferred charges 8 Invertories for sale or use 9 Prepaid expenses and deferred charges 9 Invertories for sale or use 10a Invertories Part VI of Schedule D 10a Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 35,084,114.12	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12 38,060,998	
8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 34,775 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12 38,060,998	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12	
basis. Complete Part VI of Schedule D 10a 10a 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12 38,060,998	5.
b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12 38,060,998	
11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 35,084,114. 12 38,060,998	
12 Investments - other securities. See Part IV, line 11 35,084,114. 12 38,060,998	
	8.
13 Investments - program-related. See Part IV, line 11	
14 Intangible assets	
15 Other assets. See Part IV, line 11 138,703. 15 168,700	
16 Total assets. Add lines 1 through 15 (must equal line 33) 35,834,899. 16 38,935,119	
17 Accounts payable and accrued expenses 2,756. 17 12,62	5.
18 Grants payable 18	
19 Deferred revenue 19	
20 Tax-exempt bond liabilities 20	
21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	
22 Loans and other payables to any current or former officer, director,	
Image: Set in the set of th	
controlled entity or family member of any of these persons 22	
- 23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties 24	
25 Other liabilities (including federal income tax, payables to related third	
parties, and other liabilities not included on lines 17-24). Complete Part X	0
of Schedule D 238,157.25 5,998 26 Total liabilities. Add lines 17 through 25 240,913.26 18,623	<u>0.</u>
Organizations that follow FASB ASC 958, check here	
ö í í í í í í í	
27 Net assets with donor restrictions 28	
28 Net assets with donor restrictions 28 0rganizations that do not follow FASB ASC 958, check here X	
and complete lines 29 through 33.	
29 Capital stock or trust principal, or current funds 1,593,593. 29 1,102,04	.7.
30 Paid-in or capital surplus, or land, building, or equipment fund 0.30	0.
31 Retained earnings, endowment, accumulated income, or other funds	
and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions 27 28 0rganizations that do not follow FASB ASC 958, check here ► X 28 and complete lines 29 through 33. 1, 593, 593. 29 1, 102, 04 29 Capital stock or trust principal, or current funds 1, 593, 593. 29 1, 102, 04 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 30 0 31 Retained earnings, endowment, accumulated income, or other funds 34, 000, 393. 31 37, 814, 449 32 Total net assets or fund balances 35, 593, 986. 32 38, 916, 490	
33 Total liabilities and net assets/fund balances 35,834,899.33 38,935,119	

Form 990 (2021)

Form 990 (2021) Part X Balance Sheet

Form	990 (2021) DAYTONA STATE COLLEGE FOUNDATION INC	59-	1581805	i Pa	age 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,14						
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>3,23</u> 2,90						
3									
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5	41	.5,0	56.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	38,91	.6,4	96.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
			_	Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X	\vdash				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	\vdash				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	it						
	Act and OMB Circular A-133?		3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
				000					

Form **990** (2021)

SCHEDULE A

Department of the Treasury

(Form 990)

Total

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.

OMB No. 1545-0047
2021
Open to Public Inspection

ntern	al Reve	enue Service		Go to www.irs.go	Inspection								
Nan	ne of	the organizati	on		Employer	identification numbe							
			DAYT	ONA STATE	COLLEGE FOUN	DATIO	N INC		5	9-1581805			
Pa	rt I	Reason	for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.				
The	orgar	nization is not a	private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, co	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	1)(A)(i).					
2		A school des	cribed in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	า 990).)							
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 nam											
		city, and stat											
5	X	An organizati	on operated f	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170	(b)(1)(A)(iv).(Complete Part II.)									
6		A federal, sta	te, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7		An organizati	on that norma	ally receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in			
		-		Complete Part II.)									
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college			
		or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or			
		university:											
10					than 33 1/3% of its supp								
					ct to certain exceptions; a					-			
					(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.			
				mplete Part III.)									
11	Щ	-	-	-	ively to test for public sa	•							
12		-	-	-	ively for the benefit of, to	-			•				
				-	ed in section 509(a)(1) c					Check the box on			
	_	_	-	• •	of supporting organization		-		-				
а					supervised, or controlled	• • •	-						
			•		gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting			
	_			complete Part IV, Se									
b					d or controlled in connect			-		-			
			-		anization vested in the s	ame perso	ns that co	ntrol or mana	ge the supp	ported			
	_			st complete Part IV, Sections A and C. egrated. A supporting organization operated in connection with, and functionally integrated with,									
С			-		• •				ly integrate	d with,			
	_		•		s). You must complete l			-					
d			-	• • •	porting organization oper				•				
			-		zation generally must sat	-		-	an attentiv	/eness			
		- ·			mplete Part IV, Sections								
е			•		written determination fro			турет, туре	п, туре п				
	-	-			nally integrated supporti								
T		er the number	••	•									
g		(i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	fmonetary	(vi) Amount of other			
		organizatior			(described on lines 1-10	Yes	ing document? No	support (see in	nstructions)	support (see instructions			
					above (see instructions))								

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Se	ction A. Public Support			,			
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(,		(-/	(-) = = = = =		() · · · ·
•	membership fees received. (Do not						
	include any "unusual grants.")	1,045,633.	1,872,651.	3,927,243.	2,054,545.	2,623,650.	11,523,722.
2	Tax revenues levied for the organ-	, , .	, , -	, , -	, , , -	, , , -	, , .
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge	340,896.	359,249.	325,248.	313,003.	308,338.	1,646,734.
4	Total. Add lines 1 through 3	1,386,529.	2,231,900.	4,252,491.	2,367,548.	2,931,988.	13,170,456.
5	The portion of total contributions	_,,	_,,_	-,,	_,,	_,,	,
5	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)						3,446,288.
6	Public support. Subtract line 5 from line 4.						9,724,168.
	ction B. Total Support						5,721,200.
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
		1,386,529.	2,231,900.	4,252,491.	2,367,548.	2,931,988.	13,170,456.
8	Amounts from line 4 Gross income from interest,	1,000,0121		-,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0	,						
	dividends, payments received on						
	securities loans, rents, royalties,	746,659.	753,964.	1,120,034.	651,235.	660,274.	3,932,166.
~	and income from similar sources	/40,000.	755,504.	1,120,034.	051,255.	000,274.	5,552,100.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						17,102,622.
11	· · · ·					10	17,102,022.
	12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)						
13	-						
Se	organization, check this box and stop ction C. Computation of Public		centage				
	Public support percentage for 2021 (li			aluma (f))		14	56.86 %
	Public support percentage for 2021 (in Public support percentage from 2020)					15	<u> </u>
	33 1/3% support test - 2021. If the c						- 70
102	stop here. The organization qualifies						
F	33 1/3% support test - 2020. If the c						······
L.	and stop here. The organization quali	•					
17-	10% -facts-and-circumstances test						
170		-					
	and if the organization meets the facts meets the facts-and-circumstances te			-		-	
L		-		• • • •			
c	10% -facts-and-circumstances test more and if the organization meets the	-					070 01
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation If the organization		•				
10	Private foundation. If the organizatio	IT UIU HOL CHECK A L		, 100, 17a, 0f 17D,	CHECK THS DOX af		
						Schedule A	(Form 990) 2021

132022 01-04-22

	(Form 990)					FOUNDATION	INC	
Part III	Support	Schedule for	r Organizatio	ons Desc	ribed in Sect	ion 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.)

Section A. Public	support						
Calendar year (or fiscal	year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, cor	ntributions, and						
membership fees	s received. (Do not						
include any "unu	sual grants.")						
formed, or faciliti any activity that i	d or services per- es furnished in						
3 Gross receipts fractionare not an unrela	ted trade or bus-						
iness under secti							
4 Tax revenues lev ization's benefit a or expended on i	and either paid to						
5 The value of serv furnished by a go the organization	overnmental unit to						
6 Total. Add lines							
7a Amounts include	-						
	lified persons that 5,000 or 1% of the he year						
c Add lines 7a and	7b						
8 Public support.							
Section B. Total				I	1	1	<u> </u>
Calendar year (or fiscal		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
 9 Amounts from lir 10a Gross income from dividends, payme securities loans, and income from 	om interest, ents received on						
b Unrelated business	taxable income						
(less section 511 ta acquired after June	axes) from businesses 30, 1975						
11 Net income from	uded on line 10b, ne business is						
12 Other income. Do or loss from the s	o not include gain						
13 Total support. (Add	<i>'</i>						
14 First 5 years. If t	he Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
	nd stop here						
Section C. Comp							
15 Public support p	•					15	%
16 Public support p Section D. Comp						16	%
-				inc 10 column (f))		47	0/
17 Investment incor						17	<u> </u>
18 Investment incor 19a 33 1/3% support				on line 14 and line			ine 17 is not
more than 33 1/3	3%, check this box an	d stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
	t tests - 2020. If the						
20 Private foundati	re than 33 1/3%, chec on If the organization						
132023 01-04-22	on in the organization	n dia not check a	507 OF INC 14, 19	a, or 130, oneok li			lule A (Form 990) 2021
102020 01-0-22						Ocheu	

¹⁵

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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.
- 2 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 lines 3b and 3c below.
- b 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.
- c 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")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b 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.
- c 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) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c 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).
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- 7 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b 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.)

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59-1581805 Page 5 DAYTONA STATE COLLEGE FOUNDATION INC Schedule A (Form 990) 2021 Part IV Supporting Organizations (contin

Iu	continuea)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	d. or controlled the supporting organization.	
Section C. Ty	ype II Supporting Organizations	

Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s)

Section D. All Type III Supporting Organizations
--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

- 2 Activities Test. Answer lines 2a and 2b below.
- 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 on line 2a, above, 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 lines 3a and 3b below. 3

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? If "Yes" or "No" provide details in Part VI.

b 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.

2a 2b 3a 3b Schedule A (Form 990) 2021

Yes No

2

No

132025 01-04-22

13201012 789407 202963.1

17

Sche	dule A (Form 990) 2021 DAYTONA STATE COLLEGE FO			59-1581805 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting o	rganization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

DAYTONA	STATE	COLLEGE	FOUNDATION	INC
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ıs	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
_					

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021			COLLEGE				59-1581805	Page
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section Section D, lines 5, 6, a (See instructions.)	s 1, 2, 3b, 3c, 4b, 4 D, lines 2 and 3; Pa	c, 5a, 6, 9a, 9 art IV, Section	b, 9c, 11a, 11b E, lines 1c, 2a), and 11c; Pa , 2b, 3a, and 3	irt IV, Sectior 3b; Part V, lin	n B, lines 1 ie 1; Part V	and 2; Part IV, Section (, Section B, line 1e; Part	C, t V,
	(See Instructions.)								
								Schodulo A (Form Of	201 001
32028 01-04-2	2			20				Schedule A (Form 99	9U) 202

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

59-1581805

2021

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BOB ALLEN	1,600,000.	1,257,948
MR. GALE LEMERAND	2,005,882.	1,663,830
THE ESTATE OF DAVID STEVENS	734,980.	392,928
PAUL B. HUNTER & CONSTANCE D. HUNTER CHARITABLE	351,400.	9,348
CURB FAMILY FOUNDATION	464,286.	122,234
otal Excess Contributions to Schedule A, Part II, Line 5		3,446,288

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organizatio

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

-1581805

Name of the organizati		Embi			
	DAYTONA STATE COLLEGE FOUNDATION INC	59			
Organization type (ch	eck one):				
Filers of:	Section:				
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Name of organization

DAYTONA STATE COLLEGE FOUNDATION INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 1,190,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 214,286. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 460,525. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 86,400. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 100,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 65,409. Noncash \$ (Complete Part II for noncash contributions.)

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Page 2

Employer identification number

59-1581805

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
123453 11-11-21		· · · · · · · · · · · · · · · · · · ·	Schedule B (Form 990)

DAYTONA STATE COLLEGE FOUNDATION INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

Schedule B (Form 990) (2021)

Name of organization

(a)

No.

from

Part I

Employer identification number

(d)

Date received

59-1581805

(c)

FMV (or estimate)

(See instructions.)

\$

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990) (2021)

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Page 3

	3 (Form 990) (2021)			Page 4	
Name of or	ganization			Employer identification number	
	IA STATE COLLEGE FOUNDAT			59-1581805	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line entr haritable, etc., contributions of \$1,000 or le	v For organizations		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from	(b) Purpose of gift		(d) Des	cription of how gift is held	
-		(e) Transfer of gift			
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
-		(e) Transfer of gift			
_	Transferee's name, address, an	d ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from			(1)2		
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(a) Transfor of site			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transfere				
123454 11-11-	21			Schedule B (Form 990) (2021)	

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D
C

(Form	990)
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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.



Department of the Treasury Internal Revenue Service

Nam	e of the organization DAYTONA STATE COLLE	GE FOUNDATION INC	Employer identification number 59-1581805
Par	t I Organizations Maintaining Donor Advised	I Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreat	ion or education) Preservation	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru	icture included in (a)	
d	Number of conservation easements included in (c) acquired at		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease		-
5	Does the organization have a written policy regarding the peri		
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	iservation easements during the year
7	Amount of overcess incurred in monitoring increating handl	ing of violations, and enforcing concern	ation accoments during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	
0			
٩	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio	n essements in its revenue and expens	
5	balance sheet, and include, if applicable, the text of the footne		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	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	3, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958	3, 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 fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
			N .
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule D (Form 990) 2021

		STATE COLI						<u>59-15</u>			age 2
Par									(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, checl	k any of the f	ollowing that m	ake sign	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange program						
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ellections and explair	n how th	ney further th	e organization's	s exemp	t purpo	se in Part	XIII.		
5	During the year, did the organization solicit o								_	_	_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the	e organizatio	n answered "Ye	es" on Fo	orm 990), Part IV, I	ine 9, or		
	Is the organization an agent, trustee, custodi		ion (for	contribution		- not inc	Judad				
Id	c								Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							∟			
b		and complete the for	lowing	LaDIE.					Amoun	ł	
с	Reginning balance						1c		,	-	
	Beginning balance						1d				
	Additions during the year						1e				
f	Distributions during the year Ending balance						1f				
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.					-	•]
Par											
		(a) Current year		Prior year	(c) Two years b			/ears back	(e) Four	years	back
1a	Beginning of year balance	16,983,203.	15	,490,463.	14,067,4			11,363.			796.
b	Contributions	1,256,395.		510,448.	1,368,023. 239,141. 306,452				452.		
	Net investment earnings, gains, and losses	1,272,867.		982,292.	55,0				115.		
d	Grants or scholarships					· · · · · · · · · · · · · · · · · · ·					
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	19,512,465.	16	,983,203.	15,490,4	63.	14,0	67,440.	13,	411,	363.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1	g, column (a)) held as:	•					
а	Board designated or quasi-endowment	,	%	• • • • •	,						
b	Permanent endowment 100	%	_								
с		%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion tha	at are held ar	nd administered	for the o	organiza	ation			
	by:	C C					U U		[Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990), Part IV	V, line 11a. S	ee Form 990, P	art X, lin	ne 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	ed	(d) Boo	k valu	е
		basis (investn	nent)	basis	(other)	depre	eciation				
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
е	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, colur	<u>mn (B), line 1</u>	0c.)						0.
								Schedule	D (Forn	n 990)	2021

	TE COLLEGE FOU	JNDATION INC	59-1581805 Page 3
Part VII Investments - Other Securities.	an Faura 000 Davit IV/ line 1	1h Cas Farma 000 Dart V	line 10
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line 1 (b) Book value		n: Cost or end-of-year market value
	(b) BOOK Value		In Cost of end-of-year market value
(0) Clearly hold again interacts			
 (2) Closely held equity interests (3) Other 			
(A) MUTUAL FUNDS - FIXED			
(B) INCOME	11,432,332.	END-OF-YEAR	MARKET VALUE
(C) MUTUAL FUNDS - EQUITY	23,834,380.	END-OF-YEAR	
(D) OTHER SECURITIES	2,794,286.	END-OF-YEAR	
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	38,060,998.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment			
	(b) Book value	(c) Method of Valuatio	n: Cost or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		1d. See Form 990, Part X,	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6) (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			· · ·
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, I	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO COLLEGE			5,998.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,		
 Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under 		•	·

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Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 DAYTONA STATE COLLEGE FOUL	NDATION	INC	59-3	1581805 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,800,312.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	415,056.		
b	Donated services and use of facilities	2b	308,338.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	723,394.
3	Subtract line 2e from line 1			3	6,076,918.
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	78,072.		
b	Other (Describe in Part XIII.)	4b	-9,856.		
с	Add lines 4a and 4b			4c	68,216.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	6,145,134.	
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.			
1	Total expenses and losses per audited financial statements			1	3,477,802.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	308,338.		
b	Prior year adjustments				
с	Other losses				
d			9,856.		
е	Add lines 2a through 2d			2e	318,194.
3	Subtract line 2e from line 1			3	3,159,608.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	78,072.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	78,072.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,237,680.
Pa	t XIII Supplemental Information.				
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt IV, lines 1b a	nd 2b; Part V, line 4	; Part)	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	ditional inform	ation.		

PART V, LINE 4:

THESE REPRESENT FUNDS THAT ARE THE HISTORICAL CORPUS CONTRIBUTION OF A

DONOR ENDOWMENT AND ARE SUBJECT TO DONOR, GRANTOR, OR OTHER OUTSIDE PARTY

RESTRICTIONS AS TO USE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON 990 PART VIII

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON 990 PART VIII

-9,856.

132054 10-28-21

Schedule D	(Form 990) 2021 Supplemental Infor	DAYTONA	STATE	COLLEGE	FOUNDATION	INC	59-1581805	Page 5
Part XIII	Supplemental Infor	mation (contin	ued)					
							Schedule D (Form 9	00) 2024
100055 10 00 0							Schedule D (Form 9	30j 202 l

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SCHEDULE G	Suppleme	Supplemental Information Regarding Fundraising or Gaming Activities									
(Form 990)			answered "Yes" on				r 19,	or if the	2021		
	C	-	ntered more than \$1 ► Attach to Form 990			-			Open to Public		
Department of the Treasury Internal Revenue Service	► Go	-	ov/Form990 for instr				on.		Inspection		
Name of the organization									entification number		
Dort L Eundroid			COLLEGE FOU					59-1581			
	complete this part		ne organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	Z filers are not		
1 Indicate whether th	· · ·		igh any of the followin	g activ	vities.	Check all that apply.					
a 📃 Mail solicitat					•	overnment grants					
	email solicitations					nment grants					
c Phone solici d In-person so			g 🔄 Special	Tunara	aising	events					
2 a Did the organization		r oral agreeme	ent with any individual	(incluc	ling of	ficers, directors, trus	tees,	or			
, , ,			/ in connection with p			e		Ye:			
b If "Yes," list the 10 compensated at le	0		es (fundraisers) pursu	ant to	agreei	ments under which th	ne fur	ndraiser is to b	e		
	ast \$5,000 by the	organization.		1		1			1		
(i) Name and addres	s of individual	(;	i) Activity	(iii)	aiser	(iv) Gross receipts	(v) to (d	Amount paid or retained by)	(vi) Amount paid		
or entity (fund	Iraiser)	()	I) ACTIVITY	have c or cor contrib	ustody itrol of utions?	from activity		fundraiser	to (or retained by) organization		
				Yes	No						
 List all states in whit or licensing. 	ch the organizatio	n is registered	or licensed to solicit of	contrib	utions	or has been notified	it is e	exempt from re	egistration		
g.											
LHA For Paperwork Re	eduction Act Noti	ce, see the In	structions for Form §	990 or	990-E	Ζ.		Schedul	e G (Form 990) 2021		

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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 PLANTATION BAY	(b) Event #2 FALCON GOLF INVITATIONAL	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
۵			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	12,700.	10,681.		23,381
	2	Less: Contributions	6,913.	7,733.		14,646
	3	Gross income (line 1 minus line 2)	5,787.	2,948.		8,735
	4	Cash prizes				
	5	Noncash prizes				
pense	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages				
<u>ן</u> ב	8	Entertainment				
	9	Other direct expenses		5,528.		9,856
		, , , , , , , , , , , , , , , , , , , ,	() 111111			9,856
	rt I	Net income summary. Subtract line 10 from I		- 000 Deut IV/ line 10		
a		Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or re	sported more than	
Peveline			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
nev Lev	1	Gross revenue				
ses	2	Cash prizes				
Ulrect Expenses	3	Noncash prizes				
티	-					
	4	Rent/facility costs				
	4 5	Rent/facility costs				
nire	4 5 6		Yes% □No	│ Yes% │ │ No	Yes % No	
Dire		Other direct expenses	No		No	
DIre	6 7	Other direct expenses	No	No	<u>No</u> No ►	
DILE	6	Other direct expenses	No	No	<u>No</u> No ►	
	6 7 8	Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	h 5 in column (d)	No	<u>No</u> No ►	
)	6 7 8 Ent	Other direct expenses	h 5 in column (d)	No	No►	
) a	6 7 8 Ent	Other direct expenses	No N	No	No►	
a b	6 7 8 Is t If " We	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No	Yes N
ab	6 7 8 Is t If " We	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ ctivities in each of these	states?	No	Yes N

Schedule G (Form 990) 2021	DAYTONA STAT	E COLLEGE	FOUNDATION	INC 59-1	581805 Page 3
11 Does the organization conduct gains12 Is the organization a grantor, ben					Yes No
to administer charitable gaming?					Yes No
13 Indicate the percentage of gamin					13a %
a The organization's facility b An outside facility					13a % 13b %
14 Enter the name and address of the					
Name 🕨					
Address 🕨					
15a Does the organization have a cor	ntract with a third party from	n whom the organ	ization receives gamin	g revenue?	Yes No
b If "Yes," enter the amount of gam			\$	and the amount	
of gaming revenue retained by th					
c If "Yes," enter name and address	s of the third party.				
Name 🕨					
Address 🕨					
16 Gaming manager information:					
Name 🕨					
Gaming manager compensation	▶ ⊅				
Description of services provided	▶				
Director/officer	Employee	Independ	ent contractor		
		·			
17 Mandatory distributions:a Is the organization required under	er state law to make charita [!]	ole distributions fr	om the gaming procee	ds to	
retain the state gaming license?					Yes No
b Enter the amount of distributions organization's own exempt activi			other exempt organiza	ations or spent in the	
Part IV Supplemental Infor	rmation. Provide the exp	lanations required			rt III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, a	s applicable. Also provide a	ny additional info	mation. See instructio	ns.	
132083 10-21-21				Sched	ule G (Form 990) 2021
		33		20.104	

Schedule G	G (Form 990) Supplemental Inf	DAYTONA	STATE	COLLEGE	FOUNDATION	INC	59-1581805	Page 4
Part IV	Supplemental Inf	ormation (contin	nued)					
,								
132084 11-18-	-21						Schedule G (F	orm 990)

SCHEDULE I (Form 990)	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.												
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 for		nation.		Open to Public Inspection						
Name of the organization DAYTON	A STATE COLL	EGE FOUNDAT	ION INC				Employer identification number 59-1581805						
Part I General Information on Gra	ints and Assistance												
 Does the organization maintain rec criteria used to award the grants or Describe in Part IV the organization 	r assistance?												
Part II Grants and Other Assistant recipient that received more					anization answered "Y	′es" on Form 990, Part	t IV, line 21, for any						
1 (a) Name and address of organizat or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance						
DAYTONA STATE COLLEGE P.O. BOX 2811 DAYTONA BEACH, FL 32120	59-1211226	501(C)(3)	1,327,773.	0.			COLLEGE PROGRAMS						
2 Enter total number of section 501(c3 Enter total number of other organiz						1	↓ 						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

STUDENT ASSISTANCE 1077 1,153,369. 0.

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FUNDS ARE ONLY RELEASED ONCE THE PROPER DOCUMENTATION IS RECEIVED. THE

ORGANIZATION VERIFIES THAT THE DONOR AGREEMENT STATES THE EXPENDITURE

CRITERIA (WHETHER FOR A SCHOLARSHIP OR PROGRAM SUPPORT) AS WELL AS THE

SPECIFIC DOLLAR AMOUNT TO BE DISTRIBUTED.

Page 2

(f) Description of noncash assistance

(b) Number of

recipients

59-1581805 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other)

Schedule I (Form 990) 2021

(a) Type of grant or assistance

Part III Part III can be duplicated if additional space is needed.

SC	HEDULE J	Í	OMB No. 1545-00		47				
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		00	1				
•	,	Compensated Employees		20	Z I				
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe					
Nam	e of the organizatio		Employer	identificatio	on nui	nber			
		DAYTONA STATE COLLEGE FOUNDATION INC	59-1	L58180!	5				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or o	charter travel Housing allowance or residence for perso	nal use						
	Travel for com	panions Payments for business use of personal re	sidence						
	Tax indemnifie	ation and gross-up payments Health or social club dues or initiation fee	s						
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)						
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or							
				1b					
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office		2		<u> </u>				
_									
3		ny, of the following the organization used to establish the compensation of the organization's							
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the 250/5 methods. But the	on to						
	establish compensation of the CEO/Executive Director, but explain in Part III.								
	Compensation								
		compensation consultant	o manaitta o						
		ther organizations Approval by the board or compensation of	ommittee						
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
4	organization or a re								
а	-			4a		x			
b		e payment or change-or-control payment? eive payment from a supplemental nonqualified retirement plan?				X			
	-	eive payment from an equity-based compensation arrangement?				x			
•	-	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(;)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the r								
а	-					X			
		ation?				X			
		or 5b, describe in Part III.							
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n						
	contingent on the r	net earnings of:							
а	The organization?			6a		X			
		ation?				X			
	If "Yes" on line 6a	or 6b, describe in Part III.							
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		nes 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne						
				8		X			
9		id the organization also follow the rebuttable presumption procedure described in							
		n 53.4958-6(c)?				<u> </u>			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forn	n 990)	2021			

132111 11-02-21

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS LOBASSO	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT/DIRECTOR	(ii)	443,804.	0.	0.	43,500.	13,434.	500,738.	0.
(2) MARTIN CASS	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER	(ii)	126,853.	0.	0.	36,290.	7,670.	170,813.	0.
(3) TIMOTHY NORTON	(i)	0.	0.	0.	0.	0.	0.	0.
VICE PRESIDENT	(ii)	147,525.	0.	0.	11,189.	4,702.	163,416.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



59-1581805

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIRECT SUPPORT ORGANIZATION OF DAYTONA STATE COLLEGE. PURPOSE IS TO

DAYTONA STATE COLLEGE FOUNDATION INC

PROVIDE FINANCIAL SUPPORT TO COLLEGE FACILITY OF PROGRAM ACTIVITIES AND

ASSISTANCE TO ITS STUDENTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S EXECUTIVE BOARD REVIEWS FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT DISCLOSURE IS REVIEWED ANNUALLY AND ANY ISSUES ARE ADDRESSED.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUST.

FORM 990 PART XII, LINE 2C

THE ORGANIZATION'S PROCESS FOR THE SELECTION AND SUPERVISION OF THE

40

INDEPEDENT AUDITOR HAS REMAINED CONSISTENT WITH THE PRIOR YEAR.

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

SCHEDULE R Re (Form 990) ► Complete i

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.

Department of the Treasury Internal Revenue Service Name of the organization

DAYTONA STATE COLLEGE FOUNDATION INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
DAYTONA STATE COLLEGE - 59-1211226							
1200 W INTERNATIONAL SPEEDWAY BLVD							
DAYTONA BEACH, FL 32114-2817	PUBLIC EDUCATION	FLORIDA	501(C)(3)	LINE 2			х

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number 59 - 1581805

Schedule R (Form 990) 2021 DAYTONA STATE COLLEGE FOUNDATION INC

59-1581805 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

organizationo troatoù ao a pa		·)									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	nant income Share of total unrelated, income end-of-year allocations? Code V-U amount in the code value of the sector of the sec		Code V-UBI amount in box 20 of Schedule	Gener manag partn	^{Il or} Percentaç ^{ing} ownershi		
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No
]										
	1										
	1										
	•		*	•	•	•			•		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)				400010		Yes	No

Schedule R (Form 990) 2021 DAYTONA STATE COLLEGE FOUNDATION INC

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	<u>1g</u>		
n Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)			
s Other transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DAYTONA STATE COLLEGE	В	1,327,773.	ACTUAL COST
(2) DAYTONA STATE COLLEGE	0	308,338.	ACTUAL COST
(3) DAYTONA STATE COLLEGE	С	460,525.	ACTUAL COST
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2021 DAYTONA STATE COLLEGE FOUNDATION INC

59-1581805 Page 4

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 country)	(e) Are a partners 501(c) orgs. Yes	s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	Dispr tior alloca	ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Schedule R (I	Form 990) 2021
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

132165 11-17-21