Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

u Do not enter Social Security numbers on this form as it may be made public.

u Information about Form 990 and its instructions is at www.irs.gov/form990.

2013
Open to Public Inspection

A	For th	ne 2013 calendar year, or tax year beginning $04/01/13$, and ending $03/31/18$	14									
В	Check if a	applicable: C Name of organization DALTON STATE COLLEGE		D Employ	er identification number							
	Address	change FOUNDATION, INC.										
同	Name ch	Doing Business As		58-	6067358							
\equiv		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	one number							
닏	Initial retu	650 COLLEGE DRIVE		706	5-272-4473							
Ш	Terminate	city or town, state or province, country, and ZIP or foreign postal code										
	Amended	return DALTON GA 30720		G Gross reco	eipts \$ 6,352,197							
一	Applicatio	F Name and address of principal officer:										
ш	пррисано	DAVID ELROD	H(a) Is this a gro	up return for s	ubordinates? Yes X No							
		650 COLLEGE DRIVE	H(b) Are all sub	subordinates included? Yes No								
		DALTON GA 30720	If "No,"	attach a list.	(see instructions)							
1	Tax-exer	mpt status: X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527										
J	Website	u WWW.GIVING.DALTONSTATE.EDU	H(c) Group exer	nption numbe	r u							
ĸ	Form of	organization: X Corporation Trust Association Other u	Year of formation: 1	967	M State of legal domicile: GA							
F	Part I	Summary										
	1	Briefly describe the organization's mission or most significant activities:										
ģ		TO PROVIDE INDIVIDUAL GRANTS, SCHOLARSHIPS AND EDUCATI	ONAL PROGE	RAMS FO	OR							
Governance		ELIGIBLE FACULTY AND RESIDENTS OF THE NORTH GEORGIA AR	EA.									
ern												
Š	2	Check this box ${f u}$ if the organization discontinued its operations or disposed of more than 2	5% of its net ass	ets.								
∞ಶ	3	Number of voting members of the governing body (Part VI, line 1a)		. 3	21							
es	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21							
Activities	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		. 5	0							
Act		Total number of volunteers (estimate if necessary)			0							
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		. 7a	0							
		Net unrelated business taxable income from Form 990-T, line 34		7b	0							
		0 (1 (1) (1) (1) (1)	Prior Yea		Current Year							
e	8	Contributions and grants (Part VIII, line 1h)	920	435	992,596							
Revenue	9	Program service revenue (Part VIII, line 2g)	estment income (Part VIII, column (A) lines 3, 4, and 7d)									
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	563	3,478	1,330,059							
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,489	012	2 222 655							
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,403	,913	2,322,655							
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)										
		Benefits paid to or for members (Part IX, column (A), line 4)			0							
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			0							
penses	10a	Professional fundraising fees (Part IX, column (A), line 11e)										
Exp		Total fundraising expenses (Part IX, column (D), line 25) u 82,252	1,601	830	2,375,145							
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,601		2,375,145							
	1			,926	-52,490							
<u> </u>	19 B	Revenue less expenses. Subtract line 18 from line 12	Beginning of Curr		End of Year							
ets (20	Total assets (Part X, line 16)	31,539		32,194,001							
ASS	21	Total liabilities (Part X, line 26)		3,847	113,820							
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	31,445		32,080,181							
	Part II	Signature Block			•							
		enalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the be	st of my kn	owledge and belief, it is							
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge	e.								
Sig	gn	Signature of officer		Date								
He	re	DAVID ELROD EXECU	TIVE DIF	RECTOR	2							
		Type or print name and title										
_		Print/Type preparer's name Preparer's signature	Date	Check	if PTIN							
Pai		D. DAVID SCOGGINS, CPA	02/12/	15 self-em								
	parer	Firm's name } WINTER & SCOGGINS, CPAS PC	Fi	rm's EIN }	20-5288301							
Use	e Only	PO BOX 2644										
		Firm's address } DALTON, GA 30722-2644	PI	hone no.	706-278-2834							
1/0	v tha IE	OS discuss this raturn with the proparar shown above? (see instructions)										

Check if Schedule O contains a response or note to any line in this Part III	X
1 Briefly describe the organization's mission: TO PROVIDE INDIVIDUAL GRANTS, SCHOLARSHIPS AND EDUCATIONAL PROGRELIGIBLE FACULTY AND RESIDENTS OF THE NORTH GEORGIA AREA.	
ELIGIBLE FACULIT AND RESIDENTS OF THE NORTH GEORGIA AREA.	
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 X No
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 X No
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 expenses, and revenue, if any, for each program service reported.	
4a (Code:) (Expenses \$ 432,132 including grants of \$) (Revenue \$ PROVIDED DIRECT FINANCIAL SUPPORT IN THE FORM OF SCHOLARSHIPS AN STUDENTS ATTENDING DALTON STATE COLLEGE) ND AWARDS TO
•	
•	
·	
4b (Code:) (Expenses \$ 1,157,525 including grants of \$) (Revenue \$ PROVIDED FINANCIAL SUPPORT FOR THE CONSTRUCTION OF A NEW ACADEM) ON THE CAMPUS OF DALTON STATE COLLEGE.	IC BUILDING
4c (Code:) (Expenses \$ 303,220 including grants of \$) (Revenue \$ PROVIDED FINANCIAL SUPPORT TO FACULTY AND ACADEMIC PROGRAMS AT I) DALTON STATE
COLLEGE.	
•	
•	
•	
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ 185,319 including grants of \$) (Revenue \$ 4e Total program service expenses u 2,078,196)

Form 990 (2013) DALTON STATE COLLEGE Part IV Checklist of Required Schedules

			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	X	
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 during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total 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			٠,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			٦,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	40.	v	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	- V
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		X
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	446		.
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		.
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		x
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_^_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
20-	If "Yes," complete Schedule G, Part III Did the graphization expects one or more bogoital facilities? If "Yes," complete Schedule H.	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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) and 501(c)(4) 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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity 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 Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
•	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			.
20	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			x
22	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	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, Parts II, III,		x	
05-	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		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
20	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	26		x
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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,	27		x
20	Part VI	37		 ^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20	x	
	19? Note. All Form 990 filers are required to complete Schedule O	38		

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					_
	Check if Schedule O contains a response or note to any line in this Part \	/				<u>. </u>
		1 . 1			Yes	No.
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			4.5		
٥-	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		0			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a_	0	Oh.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the course of lines 1a and 2a is greater than 250 year may be required to a file (ass instruction			2b)	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	•				12
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other				'	+
- •a	over, a financial account in a foreign country (such as a bank account, securities account, or other file		ity			
	2000			4a		x
b	If "Voo" onter the name of the ferries country as					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa					X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ı	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	gifts were not tax deductible?			6b	,	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a	ı	
b)	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?		,	7c	:	
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 of	contract	?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	ract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 889	99 as required	d? 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	e a Form 109	98-C? 7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b)	
10	Section 501(c)(7) organizations. Enter:	ا مد ا				
a	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:	1445				
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources	11a				
b	analysis are assets about an analysis of financial forms.	116				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b n 1041	 ?	128	a	
_	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	·		2	
b 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZU				
a	le the executation licensed to issue qualified health plane in more than one state?			138	9	
а	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
-	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>	148		x

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2013) DALTON STATE COLLEGE 58-6067358 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part_VI $|\mathbf{x}|$ Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 21 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 21 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **u** GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **u DALTON STATE COLLEGE FOUNDATION** 605 **COLLEGE DRIVE**

706-272-4473
Form 990 (2013)

GA 30720

DALTON

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any	bo: off	Position (do not check more than one box, unless person is both an officer and a director/trustee)			is both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-WISC)	organization and related organizations
(1) VANCE BELL										
	1.00							_	_	_
VICE CHAIR	0.00	X		Х				0	0	0
(2) NANCY WHALEY										
<u> </u>	1.00	۱								
TRUSTEE	0.00	X						0	0	0
(3) STAN GOODROE	1 00									
·	1.00	۱								
TRUSTEE	0.00	X						0	0	0
(4) SARA PIERCE	1 00									
<u> </u>	1.00									
TRUSTEE	0.00	X		Х				0	0	0
(5) MARY BROWN	1 00									
TRUSTEE	1.00	x						0	o	0
(6) ROBERT BUCHANAN	0.00	^						0	0	<u> </u>
(6) ROBERT BUCHANAN	1.00									
TRUSTEE	0.00	x						0	o	0
(7) NORRIS LITTLE	0.00	^						0	0	<u> </u>
(/)NORRIS LITTLE	1.00									
TRUSTEE	0.00	x						0	0	0
(8) RODNEY OWENBY	0.00	^						<u> </u>	0	<u> </u>
(0) RODNET OWENDI	1.00									
TRUSTEE	0.00	x						0	0	0
(9) JOHN WATERS	0.00									
(3) 5 51114 111111115	1.00									
TRUSTEE	0.00	x						0	0	0
(10) JIM BURRAN	0.00									
(.0,0111 201441	1.00									
TRUSTEE EMERITUS	0.00	x						0	0	0
(11) LYNN WHITWORTH	1000	† 								
,	1.00									
TRUSTEE	0.00	X						0	0	0
DAA	1	_			•					- 000

Part VII	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)			- age c
	(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	rson i	than c s both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other ompensation	n
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	;	from the organization and related organizations	I
(12) LYNE	TTE LAUGHTE												
		1.00	٦,										^
TRUSTEE	ETH WHITE	0.00	X						0	0			0
(13) 101111		1.00											
TRUSTEE		0.00	x						0	0			0
(14) MURR	RAY BANDY												
		1.00	٦,										^
TRUSTEE	SHAHEEN	0.00	X						0	0			0
(15) 0 OIII	SHAHEEN	1.00											
TRUSTEE	·········· 	0.00	x						0	o			0
(16) JIM	JOLLY												
		1.00											
TRUSTEE		0.00	X						0	0			0
(17) J IM	BETHEL	1.00											
PAST CH	HAIRMAN	0.00	x		x				0	o			0
(18) CHIP	HOWALT												
CHAIRMA	N	2.00 0.00	х		x				0	0			0
(19) DORA	SALAZAR PR												
		1.00	.										^
TRUSTEE 1b Sub-to	-4-1	0.00	X	<u> </u>				u u	0	0			0
	otalfrom continuation shee		Secti	ion A	 A			u					
d Total	(add lines 1b and 1c)							u					
					thos	e lis	ted a	bove	e) who received more than	\$100,000 in			
report	able compensation from	the organization	ı u	U								Ye	es No
									oyee, or highest compensa	ated			
	yee on line 1a? If "Yes,"								n and other compensation	from the		3	X
									complete Schedule J for su				
individ	lual								ny unrelated organization or			4	X
	, ,				•				for such person			5	х
	Independent Contracto	<u> </u>							•				•
1 Comp	lete this table for your fire	ve highest comp	ensa	ated	inder	end	ent o	contr	actors that received more tar year ending with or with	than \$100,000 of			
Compe		(A) I business address	Jilipe	iisai	1011 1	OI U	ie ca			(B) tion of services	;ai.	(C Compe	C)
	Name and	business address							Descript	lion of services	-+	Compe	nsauon
											\longrightarrow		
-													
												_	
	number of independent of more than \$100,000								se listed above) who	0			

(D)

Reportable

(E)

Reportable

Average

Part VII

(A)

Name and title

(F)

Estimated

	hours per week (list any	bo	x, unle	ess pe	erson i	than o s both or/trust	an	compensation from the organization	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2 1099-WISC)	organization and related organizations
(12) DAVID PENNINGTOR	1.00									
TRUSTEE	0.00	х						0	0	
(13) BOB KINARD	1.00									
TRUSTEE	0.00	x						0	0	
(14) JOHN SCHWENN	1 00									
EX-OFFICIO TRUSTEE	1.00	x		x				0	o	
(15) DAVID ELROD										
EX-OFFICIO TRUSTEE	1.00			x				0	0	
(16)	1.00			^					0	
(17)										
(18)										
(40)										
(19)										
dh. Ook total										
1b Sub-total				 4			u u			
d Total (add lines 1b and 1c)							u			
2 Total number of individuals (in reportable compensation from	•		d to	thos	e lis	ted a	above	e) who received more than	\$100,000 in	
3 Did the organization list any fo	armar officer dir	ootor	· or	truct	.00	·0\/ ·	amal	lavos, or highest compones	atod	Yes No
employee on line 1a? If "Yes,"	' complete Sche	dule	J for	suc	h ind	dividu	ual			3
4 For any individual listed on line organization and related organ										
individual										4
for services rendered to the or										5
Section B. Independent Contractor 1 Complete this table for your fire		enes	ted	inder	nend	ent (contr	ractors that received more	than \$100,000 of	
compensation from the organization	zation. Report co							lar year ending with or with	nin the organization's tax ye	
Name and	(A) I business address						-	Descript	(B) tion of services	(C) Compensation
2 Total growth an of School and A	annimo stare Carl	٠	.	n=1	lies'	. d 4:	41	on listed shares with		
2 Total number of independent or received more than \$100,000	of compensation	iaing i fror	but n the	not e org	ıırnıte ganiz	ation	tnos u	se listed above) who		
DAA										Form 990 (20

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

(C)

Position

Forn	n 990	(2013) DALTON STAT	re (COLLE	ΞE			Page \$			
	rt V						58-6067358				
		Check if Schedule (itains a i	response c	or note to any line	in this Part VIII	<u></u>	<u></u>		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns	1a								
Gra		Membership dues	1b								
S, An		Fundraising events	1c								
Gif		Related organizations	1d								
imi Simi	е	Government grants (contributions)	1e								
tion S S	f	All other contributions, gifts, grants,									
the state of the s		and similar amounts not included above	1f		992,596						
dar	g	Noncash contributions included in lines 1a	-1f:	\$							
<u>3 E</u>	h	Total. Add lines 1a-1f			u	992,596					
nne					Busn. Code						
eve	2a										
e R	b	•									
Nic	С										
Se	d										
am	е										
rogi	f	All other program service reve			$\overline{}$						
	g	Total. Add lines 2a–2f									
	3	Investment income (including				525 020			506 000		
		and other similar amounts) \dots				536,232			536,232		
	4	Income from investment of tax			ı						
	5	Royalties									
		(i) Real		(ii) F	Personal						
		Gross rents									
	b	Less: rental exps.									
		Rental inc. or (loss)									
	d 7a	Net rental income or (loss)		1							
		sales of assets (I) Securities		(11)	Other						
	_	other than inventory 4,823,	369								
	b	Less: cost or other	- 40								
		basis & sales exps. 4,029,									
		Gain or (loss) 793				E02 00E	E02 00E				
		Net gain or (loss)		<u> </u>	u	793,827	793,827				
ne	8a	Gross income from fundraising eve									
/en		(not including \$									
Re		of contributions reported on line 1c									
Other Revenue	ı.	See Part IV, line 18									
ㅎ		Less: direct expenses		- ovente							
		Net income or (loss) from fund Gross income from gaming activitie		j events .	u						
	Эа										
	h	See Part IV, line 19									
		Less: direct expenses Net income or (loss) from gan									
		Gross sales of inventory, less	- 1	LIVILIES	u						
	IUa										
	h	returns and allowances Less: cost of goods sold	а b								
		Net income or (loss) from sale									
	U	Miscellaneous Revenue	,3 UI III	veritory	Busn. Code						
	11a				200 0003						
	b	*									
		*									
	q	All other revenue									
	_								1		

0

e Total. Add lines 11a–11d

12 Total revenue. See instructions.

u

2,322,655

793,827

Pa	rt IX Statement of Functional Exp	oenses			
Secti	on 501(c)(3) and 501(c)(4) organizations must co			mplete column (A).	v
	Check if Schedule O contains a respo ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<u> </u>	Grants and other assistance to governments and		ехрепзез	general expenses	ехрепзез
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. 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 disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages				
7 8	Pension plan accruals and contributions (include				
Ū	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	33,992		33,992	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	64 050		64 000	
f	Investment management fees	64,878		64,878	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O.)				
12 13	Advertising and promotion	2,517	2,517		
14	Office expenses	2,517	2/31/		
15	Royalties				
16	Occupancy				
17	Travel	563		563	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,354		2,069	7,285
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0 040		0.040	
23	Insurance	8,848		8,848	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CAPITAL PROJECTS	1,157,525	1,157,525		
b	SCHOLARSHIPS AND AWARDS	432,132	432,132		
C	FACULTY SUPPORT	163,091	163,091		
d	ACADEMIC PROGRAM SUPPORT	140,129	140,129		
е	All other expenses	362,116	182,802	104,347	74 , 967
25	Total functional expenses. Add lines 1 through 24e	2,375,145	2,078,196	214,697	82,252
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)				

P	art)	K Balance Sheet					
		Check if Schedule O contains a response or note	to any lin	e in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing				1	
	2	Savings and temporary cash investments			1,733,812	2	1,260,422
	3	Pledges and grants receivable, net			330,718	3	160,884
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former of					
		trustees, key employees, and highest compensated en	nployees.				
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified per	defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B),	and contr	ributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary	es' beneficiary				
ţ		organizations (see instructions). Complete Part II of Sc		6			
Assets	7	Notes and loans receivable, net			19,915	7	385,482
Ä	8	Inventories for sale or use				8	
	9	Drancid expenses and deferred charges				9	8,924
	10a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	2,957,084			
	b	Less: accumulated depreciation	400		3,957,084	10c	2,957,084
	11	Investments—publicly traded securities			17,735,572		19,110,862
	12	Investments—other securities. See Part IV, line 11		5,799,683	12	6,347,786	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		1,962,507	15	1,962,557	
	16	Total assets. Add lines 1 through 15 (must equal line 3			31,539,291	16	32,194,001
	17	Accounts payable and accrued expenses			27,522	17	66,633
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV	le D		21		
S	22	Loans and other payables to current and former officer	s, directors	3,			
ij		trustees, key employees, highest compensated employ	ees, and				
Liabilities		disqualified persons. Complete Part II of Schedule L				22	
_		Secured mortgages and notes payable to unrelated thin				23	
		Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24)	. Complete	e Part X	44 66		
		of Schedule D			66,325	25	47,187
	26	Total liabilities. Add lines 17 through 25			93,847	26	113,820
"		Organizations that follow SFAS 117 (ASC 958), check	ck here u	X and			
Ç		complete lines 27 through 29, and lines 33 and 34.			16 501 552		15 025 004
alaı	27	Unrestricted net assets			16,501,573	27	15,937,924
Ã	28	Temporarily restricted net assets			5,373,656	28	6,334,414
Ę.	29	Permanently restricted net assets		-	9,570,215	29	9,807,843
ř		Organizations that do not follow SFAS 117 (ASC 95	8), check	here u and			
ts c		complete lines 30 through 34.					
SSe						30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or equipment				31	
Š	32	Retained earnings, endowment, accumulated income, or	or other tu	nas	21 //5 ///	32	22 000 101
	33	Total net assets or fund balances			31,445,444	33	32,080,181
	34	Total liabilities and net assets/fund balances			31,539,291	34	32,194,001

Form **990** (2013)

Pa	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	1				655				
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,			<u> 145</u>				
3	Revenue less expenses. Subtract line 2 from line 1	3				490				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,	31,445,444						
5	Net unrealized gains (losses) on investments	5		682,949						
6										
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			4,	278				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	33, column (B))	10	32,	08	0,1	181				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					Ш				
					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 in									
	Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L <u>:</u>	2a		<u> </u>				
	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	Х					
	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:									
	Separate basis X 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 audit, review, or compilation of its financial statements and selection of an independent accountant?		:	2c	Х	1				
	If the organization changed either its oversight process or selection process during the tax year, explain in									
	Schedule O.									
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in									
	the Single Audit Act and OMB Circular A-133?		;	За		x				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		····							
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		:	3b						

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

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.

u Attach to Form 990 or Form 990-EZ. u Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DALTON STATE COLLEGE FOUNDATION, INC.

58-6067358

	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this pa	art.) Se	e inst	ruction	ns.			
The	orgai	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	check only	one box	(.)	•						
1		A church, co	nvention of churches, or ass	ociation of churches described	in sectio r	170(b)(1)(A)(i).							
2	П		cribed in section 170(b)(1)(` ^	,,,,							
3	П		, ,, ,,	ce organization described in se	ction 170	(b)(1)(A)	(iii).							
4	Н	•		d in conjunction with a hospital			` ')/1)/A)/i	ii). Ente	er the h	ospital's nar	ne.		
-	ш	city, and stat							.,			,		
5	X	•		of a college or university owned	or operate	ed by a c	nvernme	 ental uni	t descri	hed in				
Ū		-	(b)(1)(A)(iv). (Complete Part	=	or operati	ca by a g	jovomini	zinai ain	t deseri	oca III				
6				jovernmental unit described in s	oction 1	70/h\/1\/ <i>/</i>	1/1/1							
6	Н							fram tha	~~~~	مثلطييم الم				
7		•	•	substantial part of its support fro	om a gove	emmentai	unit of	nom me	genera	ii public				
_			section 170(b)(1)(A)(vi). (C	•										
8	Н	-	ration that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
9	Ш	•	panization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross ts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its											
				•		•	•							
			~	nd unrelated business taxable in	•			() from t	ousines	ses				
		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4)												
10	Н	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
11	Ш	•	•											
			. , , , , ,	red organizations described in s		. , . ,		` , `	,	section				
		<u> </u>	_	he type of supporting organizati			r	— ·						
		a Type		c Type III–Function			d [ionally integ	rated		
е	Ш	, ,		ganization is not controlled direc	•				•	•				
			· ·	er than one or more publicly sur	oported or	ganizatioi	ns descr	ibed in s	section	509(a)(1)			
_		or section 50	()()			- "	_							
f		If the organiz	ation received a written dete	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting										
		•	check this box					III suppo	orting				🔲	
g		Since August	check this box	tion accepted any gift or contrib				III suppo	orting				🔲	
g		Since August following per	check this box	tion accepted any gift or contrib	ution from	any of the	 ne		orting				🗆	
g		Since August following per (i) A persor	check this box	tion accepted any gift or contrib	ution from	any of the	ne ibed in (ii) and				Yes	No No	
g		Since August following per (i) A persor (iii) below	check this box 17, 2006, has the organizatesons? In who directly or indirectly cov, the governing body of the	tion accepted any gift or contribentrols, either alone or together supported organization?	ution from	any of the	ne ibed in (ii) and)	No No	
g		Since August following per (i) A persor (iii) below (ii) A family	check this box 17, 2006, has the organizarsons? In who directly or indirectly cov, the governing body of the member of a person describ	ontrols, either alone or together supported organization?	ution from	any of thomas	ne ibed in (ii) and			11g(i)	No No	
g		Since August following per (i) A persor (ii) below (ii) A family (iii) A 35% c	17, 2006, has the organizarsons? who directly or indirectly cov, the governing body of the member of a person describe ontrolled entity of a person of	ontrols, either alone or together a supported organization? Deed in (i) above? Deed in (i) or (ii) above?	ution from	any of thomas	ne ibed in (ii) and) i)	No No	
g h		Since August following per (i) A persor (ii) below (ii) A family (iii) A 35% c	17, 2006, has the organizarsons? who directly or indirectly cov, the governing body of the member of a person describe ontrolled entity of a person of	ontrols, either alone or together esupported organization?	ution from	any of th	ibed in (ii) and			11g(i) i)	No No	
h		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	17, 2006, has the organizarsons? who directly or indirectly cov, the governing body of the member of a person describe ontrolled entity of a person of	tion accepted any gift or contriberation accepted any gift or contriberations, either alone or together esupported organization? described in (i) or (ii) above? the supported organization(s).	with perso	any of the	ibed in (ii) and	(vi)	s the	11g(i 11g(i	i) ii) mt of mon		
h		Since August following per (i) A persor (ii) below (ii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	ontrols, either alone or together supported organization? Ded in (i) above? Described in (i) or (ii) above?	with perso	any of the	ibed in (ii) and	(vi) I organizati (i) organiz	s the on in col. zed in the	11g(i 11g(i	i) ii)		
h		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	tion accepted any gift or contriberation accepted any gift or contriberations, either alone or together esupported organization? Ded in (i) above? Described in (i) or (ii) above? The supported organization (described on lines 1–9	(iv) Is the in col. (i) lis governing	any of the	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the	11g(i 11g(i	i) ii) mt of mon		
h (i		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	with perso	any of the	(v) Did y the organ	ii) and	(vi) I organizati (i) organiz	s the on in col. zed in the	11g(i 11g(i	i) ii) mt of mon		
h (i		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i	i) ii) mt of mon		
<u>h</u> (i		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i	i) ii) mt of mon		
<u>h</u> (i		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i	i) ii) mt of mon		
h (i		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i (vii) Amour	i) ii) mt of mon		
h (i		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i (vii) Amour	i) ii) mt of mon		
h (i) (A) (B)		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i (vii) Amour	i) ii) mt of mon		
h (i) (A) (B)		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i (vii) Amour	i) ii) mt of mon		
h (i) (A) (B) (C)		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i (vii) Amour	i) ii) mt of mon		
h		Since August following per (i) A persor (iii) below (iii) A family (iii) A 35% of Provide the	check this box 17, 2006, has the organizations? In who directly or indirectly or who directly or indirectly or the governing body of the member of a person describe ontrolled entity of a person of following information about the state of t	controls, either alone or together esupported organization? Ded in (i) above? Dedescribed in (i) or (ii) above? The supported organization(s). (iii) Type of organization (described on lines 1–9 above or IRC section	(iv) Is the in col. (i) lis governing	any of the constant of the con	(v) Did) the organ col. (i) supp	ii) and	(vi) I organizati (i) organi U.S	s the on in col. zed in the S.?	11g(i 11g(i (vii) Amour	i) ii) mt of mon		

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

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,993,744	34,726	339,381	926,435	992,596	4,286,882
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,993,744	34,726	339,381	926,435	992,596	4,286,882
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						712,662
<u>6</u> Sec	tion B. Total Support						3,574,220
	ndar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,993,744	34,726	339,381	926,435	992,596	4,286,882
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	247,956	489,422	555,966	513,627	536,232	2,343,203
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						6,630,085
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	-		•			
	organization, check this box and stop her	e					.
Sec	tion C. Computation of Public St	• •					
14	Public support percentage for 2013 (line 6			n (f))			53.91%
15	Public support percentage from 2012 Scho						27.42%
16a	33 1/3% support test—2013. If the organ				33 1/3% or more, o	heck this	⊾ [चुर
	box and stop here. The organization qual						▶ X
b	33 1/3% support test—2012. If the organ						▶ □
170	check this box and stop here. The organia						<u> </u>
17a	10%-facts-and-circumstances test—201 10% or more, and if the organization mee	_					
	Part IV how the organization meets the "fa						
	organization		-	•			▶ □
b	10%-facts-and-circumstances test—201	12. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization	n meets the "facts-a	and-circumstances'	test, check this bo	ox and stop here.		
	Explain in Part IV how the organization m	eets the "facts-and-	-circumstances" te	st. The organization	n qualifies as a pu	ıblicly	
	supported organization						▶ □
18	Private foundation. If the organization did	d not check a box o	on line 13, 16a, 16	o, 17a, or 17b, che	ck this box and se	e	_
	instructions						▶ ∐

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

(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support ndar year (or fiscal year beginning in) u	(-) 0000	(1.) 0040	(-) 0044	4.0.0040	(-) 2040	(f) T-1-1
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	е					> _
Sec	tion C. Computation of Public S	upport Percen	tage				
15	Public support percentage for 2013 (line 8	, column (f) divide	d by line 13, colur	nn (f))		15	%
16	Public support percentage from 2012 Scho						%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2013 (I			3, column (f))		17	%
18	Investment income percentage from 2012						%
19a	33 1/3% support tests—2013. If the orga						. —
_	17 is not more than 33 1/3%, check this b		=				▶ ∟
b	33 1/3% support tests—2012. If the orga						. □
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization did		_				······ 【
<u>20</u>	i iii ate i oundation. Il tile organization di	a not one on a box	on mio 17, 13a, 0	i iou, un c ur uno Di	on and occ monde		

Schedule A (Form 990 or 990-EZ)	2013 DALTO	1 STATE	COLLEGE		58-6067358	Page 4
Part IV	Supplemental	Information. F	Provide the e	explanations re	quired by Part II, line	e 10; Part II, line 17a or	17b; and
	Part III, line 12	2. Also complete	this part fo	any additiona	l information. (See i	nstructions).	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements u Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

u Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number DALTON STATE COLLEGE 58-6067358 FOUNDATION, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate contributions to (during year) Aggregate grants from (during year) 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? _______....___.....<u>_______....</u>...... Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 u \$

b Assets included in Form 990, Part X

Pa	rt III Organizations Maintaining	Collections of	Art, Historical Tre	easures, or Othe	r Simi	lar A	ssets	(contin		age <u>=</u>
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	, check any of the follo	owing that are a signifi	cant use	of its				
а	Public exhibition	d 🔲 I	_oan or exchange prog	grams						
b	Scholarly research	е 🗌 (Other							
С	Preservation for future generations									
4	Provide a description of the organization's continuous	ollections and explain	how they further the c	organization's exempt	purpose	in Pa	t			
	XIII.									
5	During the year, did the organization solicit		•	•					_	7
_	assets to be sold to raise funds rather than		eart of the organization	s collection?				Ye	s	No
Pa	rt IV Escrow and Custodial Ar Complete if the organization 990, Part X, line 21.		to Form 990, Part	IV, line 9, or repo	orted a	n am	ount or	Form		
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributions or	other assets not						_
	included on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
A										
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		$\overline{}$		1
2a	Did the organization include an amount on F	orm 990, Part X, line	21?	and death and Alli				Ye		No
	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planation has been pro	ovided in Part XIII						
Pa	rt V Endowment Funds. Complete if the organization	answered "Ves"	to Form 000 Port	IV line 10						
	Complete il the organization	(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree year	s back	(e) Fou	voore	hack
10	Paginning of year balance	31,445,444	30,188,207	29,846,353			,810	24,2		
	Beginning of year balance	992,596	197,672	339,381	20		,882			
	Contributions Net investment earnings, gains, and	332,330	157,072	337,301		1/2	,,002	1,595,058		030
·		2,017,286	1,932,642	1,136,973	1	-693	,513	4 . (24,	718
А	losses Grants or scholarships	2,078,196	1,347,598	739,983	_		,891		763,	
	Other expenditures for facilities and	270707230	1,317,330	7007500		- 0 3 (,,031		. 05 /	550
·	programs									
f	Administrative expenses	296,949	254,241	394,517		227	,961		L70,	934
g		32,080,181	31,445,445	30,188,207	29		,353	28,8		
2	Provide the estimated percentage of the cur									
а	Board designated or quasi-endowment u		(19, 10.0 (0,)							
	Permanent endowment u 30.57 %									
	Temporarily restricted endowment u 1	9.75 %								
	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		tion that are held and	administered for the						
	organization by:	•							Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.							
Pa	rt VI Land, Buildings, and Equ	ipment.								
	Complete if the organization	answered "Yes"	to Form 990, Part	IV, line 11a. See	Form	990,	Part X,	line 1)	
	Description of property	(a) Cost or other b	1 ''	1 ''	Accumulate	d		(d) Book	value	
		(investment)	(other		preciation					
1a Land 2,957,084 2,95								57,	<u> </u>	
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other							• •		
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (B), line 10	(c).)		ι	1	2,9	57,0	<u>)84</u>

	Investments—Other Securities.	arras 000 Dort IV line	44h Coo Form 000 Do	et V. line 40
	Complete if the organization answered "Yes" to F (a) Description of security or category	(b) Book value	(c) Method of v	•
	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial de	anti matti ma		233.2.2.3.4	
(1) Financial de		6,347,786	MARKET	
(2) Other	equity interests	0,317,700	PHULLI	
(Δ)				
(B)				
(C)				
(⊔\				
	(b) must equal Form 990, Part X, col. (B) line 12.) u	6,347,786		
	Investments—Program Related.			
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11c. See Form 990, Par	t X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of v	raluation:
			Cost or end-of-year	market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.) u			
	Other Assets.	000 5 107 11		
	Complete if the organization answered "Yes" to F	orm 990, Part IV, line	11d. See Form 990, Pai	
	(a) Description	37		(b) Book value
(1)	INVESTMENT IN SUBSIDIAR	. I		1,962,557
(2)				
(3)				
(4)				
(5)			+	
(6)				
(7)			+	
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 15.)		77	1,962,557
	Other Liabilities.		u	1,002,00
	Complete if the organization answered "Yes" to F	orm 990 Part IV line	11e or 11f See Form 9	0∩ Part X
	line 25.	onn 550, rait iv, inc	THE OF THE OCC FORM 5	50, 1 att 7,
1.	(a) Description of liability	(b) Book value		
	come taxes	(4) = 5511 151145		
	PAYABLE	47,187		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) Total. (Column ((b) must equal Form 990, Part X, col. (B) line 25.) u	47,187		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2013

	art XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" to Form 990		•		
1	Total revenue, gains, and other support per audited financial statements			1	3,009,882
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				3,003,002
- a	Net unrealized gains on investments	2a	682,949		
b	Donated services and use of facilities	2b	00-70-0		
C	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	4,278		
е	Add lines 2a through 2d		-	2e	687,227
3	Subtract line 2e from line 1			3	2,322,655
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			
b					
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,322,655
Pa	art XII Reconciliation of Expenses per Audited Financial Sta			eturn.	
	Complete if the organization answered "Yes" to Form 990				
1	Total expenses and losses per audited financial statements			1	2,375,145
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а					
b	* * * * * * * * * * * * * * * * * * * *				
С	Other losses				
d	(
е	Add lines 2a through 2d			2e	2 275 145
3	Subtract line 2e from line 1			3	2,375,145
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a					
b	Add the second the			4.0	
С	Add lines 4a and 4b				
5				4c	2 375 145
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,375,145
Pa				5	
P a Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information	art IV, lines 1b and	d 2b; Part V, line 4; Pa	5	
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	art IV, lines 1b and	d 2b; Part V, line 4; Pal Information.	5 art X, lin	9
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to properly XII, LINE 2D - REVENUE AMOUNTS INCLUDED.	art IV, lines 1b and ovide any additional DED IN FIN	d 2b; Part V, line 4; Paal information.	5 art X, lin	R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	art IV, lines 1b and ovide any additional DED IN FIN	d 2b; Part V, line 4; Paal information.	5 art X, lin	9
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to properly XII, LINE 2D - REVENUE AMOUNTS INCLUDED.	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information.	5 art X, lin	e R
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to properly XII, LINE 2D - REVENUE AMOUNTS INCLUDED.	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Pa Provi 2; Pa P	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
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Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Pa Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R
Provi 2; Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ART XI, LINE 2D - REVENUE AMOUNTS INCLUDE HANGE IN PRESENT VALUE OF NON-CURRENT PI	art IV, lines 1b and povide any additional DED IN FIN	d 2b; Part V, line 4; Paal information. IANCIALS - CEIVABLES \$	5 art X, line	e R

Schedule D (F	orm 990) 2013	DALTON	STATE	COLLEGE	58-6067358	Page 5
Part XIII	Supplement	al Informa	tion (conti	nued)		
	•		•	,		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 **2013**

Department of the Treasury Internal Revenue Service

u Attach to Form 990 or 990-EZ.

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

rs.gov/form990. Open to Public Inspection

Employer identification number

58-6067358

Name of the organization DALTON STATE COLLEGE FOUNDATION, INC.

FORM 990, PART I, LINE 6

THE BOARD OF TRUSTEES AND OTHER COMMITTEES ARE COMPRISED COMPLETELY OF VOLUNTEERS. THESE INDIVIDUALS MEET REGULARLY TO REVIEW THE OPERATIONS OF THE ORGANIZATION, TO SET THE ORGANIZATION'S POLICIES, AND TO PROVIDE OVERSIGHT.

ALL INDIVIDUALS USED BY THE ORGANIZATION AS VOLUNTEERS ARE UNCOMPENSATED FOR THEIR SERVICES.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

PROVIDED DIRECT FINANCIAL SUPPORT AND OTHER PROGRAMS TO BOLSTER THE

ACADEMIC AND LEARNING ENVIRONMENT AT DALTON STATE COLLEGE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A COPY OF THE 990 WAS PROVIDED TO THE FINANCE COMMITTEE MEMBERS

FOR REVIEW PRIOR TO FILING. THESE COMMITTEES ARE CHARGED BY THE BOARD OF

DIRECTORS WITH DETERMINING AND MONITORING COMPLIANCE WITH ALL TAX AND

FINANCIAL REPORTING REQUIREMENTS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

BY SERVING, THE FOUNDATION'S TRUSTEES ARE REPRESENTING THAT THEY HAVE NO

CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE DALTON STATE COLLEGE

FOUNDATION, INC., ARE AVAILABLE TO THE PUBLIC FOR DOWNLOAD ON THE

Schedule O (Form 990 or 990-EZ) (2013) Page 2 Employer identification number Name of the organization DALTON STATE COLLEGE 58-6067358 ORGANIZATION'S WEBSITE. OTHER GOVERNING DOCUMENTS OF THE ORGANIZATION ARE AVAILABLE TO THE PUBLIC FOR INSPECTION BY CONTACTING DAVID ELROD AND MAKING SUITABLE ARRANGEMENTS. FORM 990, PART IX, LINE 24E - OTHER EXPENSES AMOUNT DESCRIPTION SALARY SUPPLEMENTS \$ 64,547 \$ 17,139 \$ 27,710 OTHER COLLEGE SUPPORT 71,880 \$ BAD DEBTS 0 \$ 69,725 DONOR RECOGNITION DATABASE ENHANCEMENT 14,139 \$ REAL ESTATE HOLDING EXPS 12,433 DUES AND MEMBERSHIPS 2,375 \$ 8,395

CONT. PROFESSIONAL ED 0 \$ 6,555

\$ 10,161 \$ 0

\$ 7,267

CRAT EXPENSE

ALUMNI RELATIONS

CAMPUS EVENTS

Name of the organization DALTON STATE COLLEGE						358
	\$	0	\$	0	\$	5,598
BANK & C	REDIT CARD E	EES				
	\$	0	\$	2,533	\$	0
EODM 000		TNE 0 DEC	ONGIT TARTO	N OF GUANGES	OTHER	
				N OF CHANGES EDGES RECEIVA		4,278
CHANGE II	M LKEDEMI VP	TIOE OF NON-	CORRENT FI	EDGED KECETVE	TOTES A	4,270

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

u See separate instructions.

Department of the Treasury Internal Revenue Service

u Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

u Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the orga	DALTON STATE COLLEGE FOUNDATION, INC.							Employer ide	entification numb	er
Part I	Identification of Disregarded Entities Complete if the or	ganization answ	vered "Yes" on F	orm 990	, Part IV,	line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	Legal domic			(d) income	End-of-	(e) year assets	(f) Direct cor entity	ntrolling
(1)										
(2)										
(3)										
(4)										
(5)										
Part II	Identification of Related Tax-Exempt Organizations Coone or more related tax-exempt organizations during the t	 omplete if the or ax year.	ganization answ	rered "Ye	s" on Fo	m 990, Pa	rt IV, line	e 34 because	e it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Code section	(e) Public charity (if section 501		(f) Direct controlling entity	Section controlle	g) 512(b)(13) ed entity?
(1)										
(2)										
(3)										
(4)										
(5)										

Part III Identification of Related Organization because it had one or more related organization because it had one or more related organization.	ns Taxable ganizations to	as a reated	Partnership of as a partners	Complete if the ship during the	organizatio tax year.	n ansv	wered "Yes" o	n For	m 99	00, Par	t IV, line	34		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income	al	(g) Share of end-of- year assets	Dis porti allo	spro- onate oc.?	Code amount of Sch	V—UBI in box 20 edule K-1 n 1065)	General manaq partno	al or Per jing ow er?	(k) ercentage wnership
(1)		3,						res	INO			res	INO	
(2)														
(3)														
(4)														
Part IV Identification of Related Organization line 34 because it had one or more rel	ns Taxable ated organiz	as a	Corporation treated as a	or Trust Comp	plete if the c trust during	organiz	ration answer x year.	ed "Ye	es" or	n Form	990, Pa	ırt IV	<u> </u>	
(a) Name, address, and EIN of related organization	(b) Primary activit	ty	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	SI	(f) hare of total income		(g) Share of year a		(h) Percenta owners	-	Se 512 cor ei	(i) section 2(b)(13) ntrolled entity?
(1)DALTON STATE ACQUISTIONS INC 650 COLLEGE DRIVE DALTON GA 30720 20-3393580	RENTALS		GA		С		4,894	4.	.123	3.386	100.00	000	Yes	X No
(2)							2,002		,	7000				
(3)														
(4)														

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

Note: Complete line 4 if any patity in listed in Darte II. III. as IV of this pale dula					Vac	Na
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	and a to discourant and the Court Party of	's Deale II IVO			Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more				4-		v
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X
b Gift, grant, or capital contribution to related organization(s)				1b		x
c Gift, grant, or capital contribution from related organization(s)				1c		x
d Loans or loan guarantees to or for related organization(s)				1d		x
e Loans or loan guarantees by related organization(s)				1e		
						37
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				. <u> 1i </u>		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
						X
I Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered	relationships and transact	ion thresholds.			
(a)	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining am	ount involv	ed	
	type (a-s)					
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501(organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloca	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	i) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Federal Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus 9	Sec <u>179</u> Bonus ₋	Basis for Depr	Per Conv Meth	Prior	Current
1	Depreciation: FORMER RIDGELAND CORP LAND BOTANY WOODS LAND 22.09 ACRES Total Other Depreciation	2/16/07 5/19/06	177,963 935,000 1,112,963		-	177,963 935,000 1,112,963	0 Land 0 Land	0	0 0 0
	Total ACRS and Other Depre	ciation _	1,112,963		=	1,112,963		0	0
	Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals	ers -	1,112,963 0 0 1,112,963		- -	1,112,963 0 0 1,112,963		0 0 0 0	0 0 0 0

AMT Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
1	Depreciation: FORMER RIDGELAND CORP LAND BOTANY WOODS LAND 22.09 ACRES Total Other Depreciation	2/16/07 5/19/06	0 0		0 0	0 HY 0 HY	0 0 0	0 0 0
	Total ACRS and Other Depree	ciation =	0		0		0	0
	Grand Totals Less: Dispositions and Transfe Net Grand Totals	ers _	0 0		0 0		0 0	0 0 0

58-6067358	Depreciation Adjustment Report All Business Activities	
<u>Form Unit Asset</u>	Description Tax AMT There are no assets that meet the criteria of this report	AMT Adjustments/ Preferences

Future Depreciation Report FYE: 3/31/15 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other 1	Depreciation:				
1 2	FORMER RIDGELAND CORP LAND BOTANY WOODS LAND 22.09 ACRES Total Other Depreciation	2/16/07 5/19/06	177,963 935,000 1,112,963	0 0	0 0 0
	Total ACRS and Other Depreciation		1,112,963	0	0
	Grand Totals		1,112,963	0	0

Form **990**

Two Year Comparison Report

For calendar year 2013, or tax year beginning

04/01/13

03/31/14

ending

2012 & 2013

Name
DALTON STATE COLLEGE

Taxpayer Identification Number

Ε	OUNDATION, INC.				58-60	067358
	-		2012	2013		Differences
	1. Contributions, gifts, grants	1.	926,435	992	,596	66,161
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3.				
n e	4. Program service revenue	4.				
eп	5. Investment income	5.	513,627	536	,232	22,605
>	6. Proceeds from tax exempt bonds	6.				
8	7. Net gain or (loss) from sale of assets other than inventory	7.	49,851	793	,827	743,976
	8. Net income or (loss) from fundraising events	8.				
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11	12.	1,489,913	2,322	,655	832,742
	13. Grants and similar amounts paid	13.				
es	14. Benefits paid to or for members	14.				
	15. Compensation of officers, directors, trustees, etc.	15.				
n s	16. Salaries, other compensation, and employee benefits	16.				
Ф	17. Professional fundraising fees	17.				
х С	18. Other professional fees	18.	94,659	98	870	4,211
Ш	19. Occupancy, rent, utilities, and maintenance	19.				
	20. Depreciation and Depletion	20.				
	21. Other expenses	21.	1,507,180	2,276		769,095
	22. Total expenses. Add lines 13 through 21	22.	1,601,839	2,375		773,306
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	-111,926		490	59,436
	24. Total exempt revenue	24.	1,489,913	2,322	,655	832,742
_	25. Total unrelated revenue	25.				
ţį	26. Total excludable revenue	26.	1,489,913	2,322		832,742
шa	27. Total assets	27.	31,539,291	32,194		654,710
Information	28. Total liabilities	28.	93,847		,820	19,973
_	29. Retained earnings	29.	31,445,444	32,080	,181	634,737
	30. Number of voting members of governing body	30.	25	21		
0	31. Number of independent voting members of governing body	31.	25	21		
	32. Number of employees	32.	0	0		
	33. Number of volunteers	33.	25			

Form **990T**

Two Year Comparison Report

04/01/13 <u>, ending</u> 2012 & 2013

For calendar year 2013, or tax year beginning

03/31/14

Name DALTON STATE COLLEGE FOINDATTON

Taxpayer Identification Number

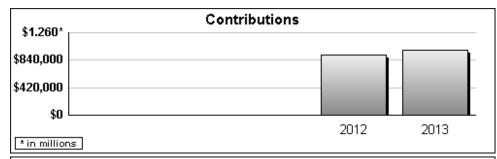
	ALTON STATE COLLEGE OUNDATION, INC.				58-6067	7358
$\overline{}$			2012	2013		Differences
	1. Gross profit/loss on business activities	1.				
	2. Capital gains/losses	_				
O .	Income/loss from partnerships and S corporations					
	4. Rental income (net of expense)					
e <	Unrelated debt-financed income (net of expense)	5.				
an I	Interest, and other income from controlled organizations (net of expense)					
	7. Investment income of specific organizations (net of expense)					
	8. Exploited exempt activity income (net of expense)					
	Advertising income (net of expense)	9.				
ľ	10. Other income11. Total trade or business income. Combine lines 1 through 10	11.				
	12. Compensation of officers, directors, and trustees					
֓֟֟ <u>֚</u>	13. Other salaries and wages	14.				
ľ	14. Repairs and maintenance	15.				
ľ	15. Bad debts	16.				
e S	16. Interest	17.				
S L	17. Taxes and licenses	17.				
<u>a</u> [18. Charitable contributions	18.				
۵ ₁	19. Depreciation and Depletion	19.				
	20. Contributions to deferred compensation plans					
2	21. Employee benefit programs	21.				
2	22. Other deductions	22.				
	23. Total deductions. Add lines 12 through 22					
	24. Taxable income before NOL. Subtract line 23 from 11					
2	25. Net operating loss deduction	25.	1 000	-	1 000	
2	26. Specific deduction	26.	1,000		1,000	
-	27. Unrelated business taxable income.	27.	-1,000		L,000	
_σ 2	28. Income tax (corporate or trust)	28.				
<u>=</u> 2	29. Proxy tax	29.				
ъ В	30. Alternative minimum tax	30.				
ည်β	31. Total taxes	31.				
∞ 3	32. Other credits	32.				
× 3	33. General business credit	33.				
<u>"</u> β	34. Credit for prior year minimum tax	34.				
	35. Total credits	35.				
3	36. Net tax after credits	36.				
3	37. Recapture taxes	37.				
3	38. Total Taxes	38.				
	39. Prior year overpayment and estimated tax payments					
ъ 4	40. Payment made with extension	40.				
<u> </u>	41. Backup withholding and foreign withholding	41.				
	42. Other payments					
œ 4	43. Total payments	43.				
<u>ə</u> 4	44. Balance due/(Overpayment)	44.				
<u> </u>	45. Overpayment applied to next year	45.				
	46. Penalties	40				
,	47. Total due/(Refund)	47.				

Form 990	Tax Return History		2013
Name	DALTON STATE COLLEGE	Employer Ide	entification Number
	FOUNDATION, INC.	58-606	57358

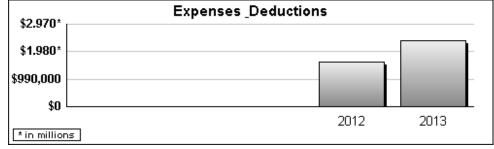
	2009	2010	2011	2012	2013	2014
Contributions, gifts, grants				926,435	992,596	
Membership dues						
Program service revenue						
Capital gain or loss				49,851	793,827	
Investment income				513,627	536,232	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue				1,489,913	2,322,655	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc						
Other compensation						
Professional fees					98,870	
Occupancy costs						
Depreciation and depletion						
Other expenses				1,601,839	2,276,275	
Total expenses				1,601,839	2,375,145	
Excess or (Deficit)				-111,926	-52,490	
Total exempt revenue				1,489,913	2,322,655	
Total unrelated revenue						
Total excludable revenue				1,489,913	2,322,655	
Total Assets				31,539,291	32,194,001	
Total Liabilities				93,847	113,820	
Net Fund Balances				31,445,444	32,080,181	

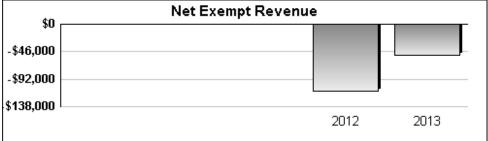
Form 990T	Tax Return History		2013
Name	DALTON STATE COLLEGE	Employer Ic	dentification Number
	FOUNDATION, INC.	58-60	67358

	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						





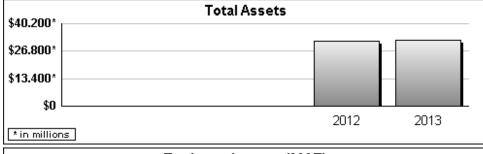


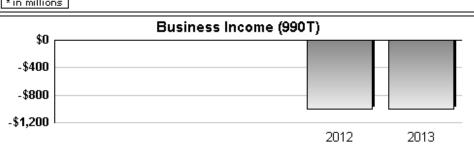


Form 990T	Tax Return History		2013
Name	DALTON STATE COLLEGE FOUNDATION, INC.	Employer lo	lentification Number 67358

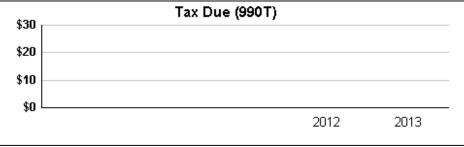
	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

^{*} Income shown net of expenses









58-6067358	F	Federal Stat	tements	S		
Taxable Dividends from Securities						
Description						
DIVIDENDS	\$ 536,232	Business Code	_Code_	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
TOTAL	\$ 536,232					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

Description	<u>E</u>	Total Expenses		Program Service		Management & General		Fund Raising	
SALARY SUPPLEMENTS	\$	109,396	\$	64,547	\$	17,139	\$	27,710	
OTHER COLLEGE SUPPORT		71,880		71,880					
BAD DEBTS		69,725				69,725			
DONOR RECOGNITION		41,659						41,659	
DATABASE ENHANCEMENT		14,139		14,139					
REAL ESTATE HOLDING EXPS		12,433		12,433					
DUES AND MEMBERSHIPS		10,770		2,375		8,395			
ALUMNI RELATIONS		10,161		10,161					
CAMPUS EVENTS		7,267		7,267					
CONT. PROFESSIONAL ED		6,555				6,555			
CRAT EXPENSE		5,598						5,598	
BANK & CREDIT CARD FEES		2,533				2,533		·	
TOTAL	\$	362,116	\$	182,802	\$	104,347	\$	74,967	

Schedule A, Part II, Line 1(e)

Description	Amount
VARIOUS OTHERS	\$ 24,253
JOHN WILLIS MASHBURN CHARITABLE TRUS	
CASH CONTRIBUTION	475,000
THOMAS & JEANETTE GREESON CRUT	
CASH CONTRIBUTION	171,437
MR AND MRS NORRIS LITTLE	
CASH CONTRIBUTION	100,300
B JACKSON BANDY	
CASH CONTRIBUTION	65,000
BROWN-WHITWORTH FOUNDATION	
CASH CONTRIBUTION	48,500
VIRGINIA ALEXANDER	05.005
CASH CONTRIBUTION	25,025
MR AND MRS GERALD EMBRY	10 145
CASH CONTRIBUTION	12,145
FINCHER LOUGHRIDGE FOUNDATION	10.000
CASH CONTRIBUTION	12,000
TEXTILE RUBBER & CHEMICAL CO CASH CONTRIBUTION	10,500
CASH CONTRIBUTION WELLS FARGO BANK NA	10,500
AN ANAG ODAA GUUSW	

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	 Amount	
CASH CONTRIBUTION	\$ 10,000	
COMMUNITY FOUNDATION OF NW GEORGIA		
CASH CONTRIBUTION	9,180	
ROMAN OPEN CHARITIES INC		
CASH CONTRIBUTION	7,000	
AZEEZ SHAHEEN CHARITABLE TRUST		
CASH CONTRIBUTION	6,256	
MR AND MRS DAVID PENNINGTON III		
CASH CONTRIBUTION	6,000	
DR AND MRS JAMES BURRAN		
CASH CONTRIBUTION	5,000	
MR AND MRS DOUG SQUILLARIO		
CASH CONTRIBUTION	5,000	
TOTAL	\$ 992,596	

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	Excess		
COMMUNITY FOUNDATION OF NW GA GOIZUETA FOUNDATION	\$ 477,764 500,102	\$	345,162 367,500	
TOTAL	\$ 977,866	\$	712,662	

58-6067358	Federal Statemen	nts		
Schedule A, Part II, Line 8(e)				
	Description	Amount		
DIVIDENDS	•	\$ 536,232		
TOTAL		\$ 536,232		