Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning	, 2021, and ending	, 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879TE for the latest information.

marrie (or filer			EIN OF SSN
	DALTON STATE CO	LLEGE FOUNDATION,	INC.	**-***7358
Name a	and title of officer or person subject to tax	DAVID ELROD		-
	,	DIRECTOR OF INST	'ITUTIONAL ADVANCEM	ĭΕ
Par	t I Type of Return and R			
Form or 10 a which	below, and the amount on that line f	s. For all other forms, enter whole or or the return being filed with this fo	dollars only. If you check the box on rm was blank, then leave line 1b, 2 t	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a,
1a	Form 990 check here > X	b Total revenue, if any (Form	990, Part VIII, column (A), line 12)	ть <u>3,261,182.</u>
2 a	Form 990-EZ check here			2b
За	Form 1120-POL check here		line 22)	
4a	Form 990-PF check here		income (Form 990-PF, Part V, line 5	
5a	Form 8868 check here		ine 3c)	
6a	Form 990-T check here		III, line 4)	
7a	Form 4720 check here	_	III, line 1)	
8a	Form 5227 check here	b FMV of assets at end of ta		8b
9a	Form 5330 check here	b Tax due (Form 5330, Part II		9b
10a		` `	t requested (Form 8038-CP, Part III,	
Par			cer or Person Subject to Ta	x
of enti 2021 complinterm ackno of any entry t financ later th payme person	electronic return and accompanying selete. I further declare that the amount hediate service provider, transmitter, or weldgement of receipt or reason for more fund. If applicable, I authorize the lato the financial institution account indial institution to debit the entry to this han 2 business days prior to the payment of taxes to receive confidential infenal identification number (PIN) as my select one box only I authorize NICHOLS, CA as my signature on the tax year 2 with a state agency(ies) regulating on the return's disclosure consenum. As an officer or person subject to return. If I have indicated within the IRS Fed/State program, I will enter	chedules and statements, and, to to in Part I above is the amount show or electronic return originator (ERO) ejection of the transmission, (b) the J.S. Treasury and its designated Finicated in the tax preparation softwat account. To revoke a payment, I ment (settlement) date. I also authorormation necessary to answer inquisignature for the electronic return a ERO firm name AULEY & ASSOCIATES ERO firm name 021 electronically filed return. If I has generally filed return. If I has generally filed returns a screen. tax with respect to the entity, I will	che best of my knowledge and belief, in on the copy of the electronic return to send the return to the IRS and to e reason for any delay in processing nancial Agent to initiate an electronic are for payment of the federal taxes or just contact the U.S. Treasury Financize the financial institutions involved iries and resolve issues related to the ind, if applicable, the consent to electronic to the indicated within this return that a tate program, I also authorize the affiliate my PIN as my signature on this being filed with a state agency(ies)	d that I have examined a copy of the the thick that I have examined a copy of the the thick that I have examined a copy of the the thick that I have selected a copy of the electronic enter my PIN Copy of the return is being filed or end of the electronic depayment. I have selected a copy of the return is being filed or enter my PIN Copy of the return is being filed or enter my PIN Copy of the return is being filed or enter my PIN Copy of the return is a part of the electronic depayment is being filed or enter my PIN Copy of the return is being filed or enter my PIN Copy of the return is part of the electronic my PIN Copy of the return is being filed or enter my PIN Copy of the return is part of the electronic my PIN Copy of the return is part o
Par	re of officer or person subject to tax Certification and Auti	nentication		Date >
	s EFIN/PIN. Enter your six-digit electr			
	er (EFIN) followed by your five-digit se	•	67516430722 Do not enter all zeros	
submi	 fy that the above numeric entry is my tting this return in accordance with the ess Returns. 			
ERO's	signature >		Date ▶ _ 11 ,	/15/22
	-			
		FRO Must Retain This Fo	rm - See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A F	or the	e 2021 calendar year, or tax year beginning	and	ending					
	Check if pplicable	C Name of organization			D Employer identific	cation number			
	Addre		INDATION. INC.						
	Name	5			**-***73	58			
	Initial return	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephone numbe	 r			
	 □Final □return	650 COLLEGE DRIVE	,		706-272-4473				
	termir ated	City or town, state or province, country, and Zli	G Gross receipts \$	7,023,464.					
	Amen return	DALION, GA 30/20			H(a) Is this a group re	eturn			
Application F Name and address of principal officer: DAVID ELROD for subordinates?									
	pendi	SAME AS C ABOVE			H(b) Are all subordinates in	ncluded? Yes No			
			(insert no.) 4947(a)(1)	or 527	If "No," attach a	list. See instructions			
		te: WWW.GIVING.DALTONSTATE.			H(c) Group exemptio				
			ociation Other	L Year	of formation: 1967 N	M State of legal domicile: GA			
Pa	art I	Summary							
Ф	1	Briefly describe the organization's mission or most significant and a second significant and s							
Governance		SCHOLARSHIPS AND EDUCATIONA							
ern	2	Check this box if the organization disconti	·	sed of more	ı				
Š	3	Number of voting members of the governing body (P			3	$\begin{array}{c c} & 12 \\ \hline & 12 \end{array}$			
	1 -	Number of independent voting members of the gover							
ies		Total number of individuals employed in calendar year				0			
Activities &		Total number of volunteers (estimate if necessary)				0.			
Ac		Total unrelated business revenue from Part VIII, colur Net unrelated business taxable income from Form 99				0.			
		Net differed business taxable filcome from Form 95	90-1, Fait i, iiile 11		Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	1,207,138.						
Jue	I	D ' '/D ' \			1,341,930.	0.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a		1,384,464.	2,134,466.				
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9		-78,329.	-80,422.				
	1	Total revenue - add lines 8 through 11 (must equal Pa		2,648,065.	3,261,182.				
		Grants and similar amounts paid (Part IX, column (A),			0.	0.			
	1	Benefits paid to or for members (Part IX, column (A),		0.	0.				
S	45	Salaries, other compensation, employee benefits (Pa			0.	0.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line			0.	0.			
ç	b	Total fundraising expenses (Part IX, column (D), line 2	²⁵⁾ ▶ <u>66,2</u> 0	02.					
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	1f-24e)		1,152,777.				
		Total expenses. Add lines 13-17 (must equal Part IX,			1,152,777.	1,119,343.			
	19	Revenue less expenses. Subtract line 18 from line 12) -		1,495,288.	2,141,839.			
Net Assets or				Ве	ginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)			42,569,812.	47,556,347.			
at A	21	Total liabilities (Part X, line 26)			283,518.	56,488.			
	22 art II	Net assets or fund balances. Subtract line 21 from lin Signature Block	ne 20		42,286,294.	47,499,859.			
			aludina aaaamnanuina aahadulaa	and statema	unto and to the heat of my	Linguilades and balish it is			
		alties of perjury, I declare that I have examined this return, in st, and complete. Declaration of preparer (other than officer)				Kilowieuge aliu bellei, it is			
uuc	, correc	and complete. Decidiation of preparer (other than officer)	is based on an information of wi	iicii pi epaiei	ilas ally kilowieuge.				
Sig	n	Signature of officer			Date				
Her		DAVID ELROD, DIRECTOR OF	F INSTITUTIONAL	ADVAN	ICEME				
1101	·	Type or print name and title							
Print/Type preparer's name Preparer's signature Date Check PTIN									
Paid	ı	D. DAVID SCOGGINS, CPA	1	1	1/15/22 if self-employ	P00445019			
	arer		ASSOCIATES, LI		Firm's EIN ▶	**-***5857			
Use Only Firm's address P.O. BOX 2644									
		DALTON, GA 30722			Phone no. 70	6-278-2834			
May	the II	RS discuss this return with the preparer shown above	? See instructions			X Yes No			

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE INDIVIDUAL GRANTS, SCHOLARSHIPS AND EDUCATIONAL PROGRAMS
	FOR ELIGIBLE FACULTY AND RESIDENTS OF THE NORTH GEORGIA AREA
1 Bieffy describe the organization's mission: TO PROVIDE INDIVIDUAL GRANTS, SCHOLARSHIPS AND EDUCATIONAL FOR ELIGIBLE FACULTY AND RESIDENTS OF THE NORTH GEORGIA AF 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 1 1' 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? If 'Yes,' describe these ranges on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as me Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, treverue, if any, for each program service propred. 4a (Cose: (September \$ 30.6, 92.1. including grants of \$) (Revenue \$ PROVIDE DIRECT FINANCIAL SUPPORT IN THE FORM OF SCHOLARSHI TO STUDENTS ATTENDING DALTON STATE COLLEGE. 4b (Cose:) (Repenses \$ 331,611. including grants of \$) (Revenue \$ PROVIDE FINANCIAL SUPPORT TO FACULTY AND ACADEMIC PROGRAMS STATE COLLEGE 4c (Cose:) (September \$ 325,041. including grants of \$) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED ON THE ADVANCEMENT OF DALTICOLLEGE) (Revenue \$ PROGRAM SUPPORT SERVICE FOCUSED	
2	Did the organization undertake any significant program services during the year which were not listed on the
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
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
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	TO DIODUNID ATTUMDING DAUTON DIATU COULDED.
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4D	
	STATE COULEGE
	205 041
4c	
	COLLEGE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program convice expenses • 963 573.

Form **990** (2021)

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	Х	
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		X
0	Schedule D, Part III	l °		1
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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	<u> </u>	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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 reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	. <u> </u>		 -
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	''-		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		 ^ `
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		v
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		_v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Pai	1990 (2021) DALTON STATE COLLEGE FOUNDATION, INC. **-*** TIV Checklist of Required Schedules (continued)	336	P	age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			\ ₃₇
	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
	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		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		_V
	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	\		_~
00	Schedule L, Part I	25b	 	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			 ₩
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			, v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
_	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,7
	"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			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,,
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			ا
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	Ш
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

DALTON STATE COLLEGE FOUNDATION, INC.

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	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 on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	J , , , , , , , , , , , , , , , , , , ,									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
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		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		v						
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		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		, .						
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711								
Ü		8								
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\ . ,						
	excess parachute payment(s) during the year?	15		X						
46	If "Yes," see the instructions and file Form 4720, Schedule N.			v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
_ -	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	م								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes." complete Form 6069.									

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

						X			
Sec	tion A. Governing Body and Management				•				
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1:	2					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	2					
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?								
3	Did the organization delegate control over management duties customarily performed by or under the								
	of officers, directors, trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or						
	more members of the governing body?			7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or						
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea								
а	The governing body?			8a	Х				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re								
			,		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b					
11a									
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	escribe						
	on Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	X				
15	Did the process for determining compensation of the following persons include a review and approval	l by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a		X			
b	Other officers or key employees of the organization			15b		X			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent w	rith 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	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	ı's						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶GA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ıd 990	9-T (section 501(c)(3)s only)	availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain	on S	chedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict (of interest policy, ar	nd finan	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records 🕨						
	DAVID ELROD - 706-272-4473								
	650 COLLEGE DRIVE DALTON GA 30720								

Form 990 (2021)

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle:	Pos heck i ss per	more son i	than of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARGARET VENABLE	0.00							•	•	
EX-OFFICIO TRUSTEE	0.00	Х						0.	0.	0 .
(2) FREDERICK H HOWALT, III	0.00	.,		7,7					_	0
CHAIRMAN (3) DAVID ELROD	40.00	Х		Х				0.	0.	0 .
EX-OFFICO TREASURER	40.00	1		х				0.	0.	0 .
(4) JOSH WILSON	40.00			^				· ·	0.	0 .
EX-OFFICO SECRETARY	40.00	1		х				0.	0.	0 .
(5) JAMES E BETHEL	0.00			25				•	0.	0
TRUSTEE	0.00	х						0.	0.	0
(6) BARRY BLEVINS	0.00	<u></u>								
TRUSTEE		х						0.	0.	0.
(7) G ROBERT BUCHANAN	0.00								-	
TRUSTEE		Х						0.	0.	0.
(8) JAMES R JOLLY	0.00									
TRUSTEE		Х						0.	0.	0 .
(9) R LYNETTE LAUGHTER	0.00									
TRUSTEE		Х						0.	0.	0
(10) SARA C PIERCE	0.00									
TRUSTEE		Х						0.	0.	0 .
(11) JOHN SHAHEEN	0.00	1								
TRUSTEE		Х						0.	0.	0
(12) C KENNETH WHITE	0.00	1							_	
TRUSTEE		Х						0.	0.	0 .
(13) MITCH SANFORD	0.00	J								
TRUSTEE		Х	_			-		0.	0.	0 .
(14) DORA PRICE	0.00	٠,,							_	_
TRUSTEE		Х						0.	0.	0.
										000

Form 990 (2021)

	TATE COL	ιLΕ	GE	F	OU	ND.	PΑ	TION, INC.	**_**	*735	8 P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week	box	not c	ss per	ition more son is	than c s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensatior from related		(F) Estimate amount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISI 1099-NEC)	C/ o	mpensa from the rganizat and relate ganization	e ion ed
1b Subtotal							<u> </u>	0.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A					 	>	0.		0.		0.
 Total number of individuals (including but no compensation from the organization 	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable		Yes	0 N o
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su 	uch individual									3		Х
 4 For any individual listed on line 1a, is the suand related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or su	ıch r	oers	on .				5		Х
Complete this table for your five highest co the organization. Report compensation for		-							· · · · · · · · · · · · · · · · · · ·	ensation	from	
(A) Name and business	address	NC	ONE	₹				(B) Description of s	services		(C) pensatio	n
2 Total number of independent contractors (i \$100,000 of compensation from the organi	· ·	ot lin	nited	d to t	thos C		ted	above) who received mo	ore than			
										Forr	n 990 (2021)

Form 990 (2021) DALTON
Part VIII Statement of Revenue

			Check if Schedule O c	ontai	ins a resnor	nse o	r note to any lin	e in this Part VIII			
			Official if Confedence Of C	orital	ino a respon	100 0	Thoto to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$					1.1						SECTIONS 212 - 214
nts	1		Federated campaigns								
ira Ou			Membership dues								
s, (Am			Fundraising events								
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d						
s, (mi		е	Government grants (contri	butio	ns) 1e						
i Si		f	All other contributions, gifts,	grants	s, and						
but			similar amounts not included	above	e 1f		1,207,138.				
ÖĘ		g	Noncash contributions included in I	ines 1a	1-1f 1g \$;					
Son		h	Total. Add lines 1a-1f				•	1,207,138.			
<u> </u>							Business Code	, ,			
	2	а				Ī					
ξ						— h					
er,		b				— h					
n S		С									
ar Be		d				— ŀ					
Program Service Revenue		е				— ⊦					
₾			All other program service			_					
		g	Total. Add lines 2a-2f								
	3		Investment income (includ								
		other similar amounts)						1,101,017.	1,101,017.		
	4		Income from investment of tax-exempt bond p			nd pro	oceeds				
	5		Royalties	<u></u>			>				
					(i) Real		(ii) Personal				
	6	а	Gross rents	6a	21,7	50.					
		b	Less: rental expenses	6b	102,1	72.					
			Rental income or (loss)	6c	-80,4						
			Net rental income or (loss)	001	,			-80,422.	-80,422.		
			Gross amount from sales of	П	(i) Securiti	es	(ii) Other	, -	, -		
	'	а	assets other than inventory	7a	4,693,5		()				
		L	Less: cost or other basis	1a	2,000,0	-					
•		D			3,660,1	10					
ž			and sales expenses		1,033,4						
Revenue			Gain or (loss)					1,033,449.	1 022 440		
Ř			Net gain or (loss))	1,033,449.	1,033,449.		
ther	8	а	Gross income from fundraisin	ig eve	nts (not						
ठ			including \$								
			contributions reported on								
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		С	Net income or (loss) from t	undra	aising even	ts .)				
	9	а	Gross income from gamine	g acti	ivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			·					
	10	а	Gross sales of inventory, le	- ess re	eturns						
			and allowances			10a					
		h	Less: cost of goods sold			10b					
			Net income or (loss) from s								
			THE INCOME OF (1033) HOME	Jaics	Of IIIVCITOI		Business Code				
ns	44	_				l l	Ducinious Gode				
e ge	11	_									
llar ren		b				— ŀ					
Miscellaneous Revenue		c									
Ξ			All other revenue								
			Total. Add lines 11a-11d						0.671.511	_	-
	12		Total revenue. See instruction	ns .			<u></u>	3,261,182.	2,054,044.	0.	0.

Form 990 (2021) DALTON STATE Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	43,749.		43,749.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses		21.251		
14	Information technology	32,998.	24,354.	1,144.	7,500.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	222		222	
19	Conferences, conventions, and meetings	308.		308.	
20	Interest				
21	Payments to affiliates	0.00		0.60	
22	Depreciation, depletion, and amortization	860.		860.	
23	Insurance	9,613.		9,613.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	206 021	206 021		
a	SCHOLARSHIPS & AWARDS	306,921.	306,921.	20 174	F7 110
b	SALARY SUPPLEMENTS	241,715.	156,423.	28,174.	57,118.
C	EQUIPMENT AND SUPPLIES	212,746.	211,887.	859.	
d	FACULTY SUPPORT	132,213.	132,213. 131,775.	4,861.	1 50/
e 05	All other expenses SEE SCH O	138,220. 1,119,343.	963,573.	89,568.	1,584. 66,202.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,113,343.	903,313.	09,300.	00,202.
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 if following SOP 98-2 (ASC 958-720)				Form 990 (2021)

Pai	t X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	1 Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,417,960.	2	819,502.
	3	Pledges and grants receivable, net			5,167,149.	3	4,151,151.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these	e perso	onsL		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ğ	9	5			25,529.	9	25,529.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	4,763,984.			
	b	Less: accumulated depreciation	10b	565,366.	4,036,193.	10c	4,198,618.
	11	Investments - publicly traded securities			26,403,267.	11	31,604,397.
	12	Investments - other securities. See Part IV, line 1	1		5,519,714.	12	6,757,150.
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	I line 3	33)	42,569,812.	16	47,556,347.
	17	Accounts payable and accrued expenses			283,518.	17	56,488.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or former					
Liabilities		trustee, key employee, creator or founder, substa					
ia de		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D		·····	202 510	25	F.C. 400
	26	Total liabilities. Add lines 17 through 25	<u></u>	V	283,518.	26	56,488.
S		Organizations that follow FASB ASC 958, chec	k her	e 🏲 🔼			
JCe		and complete lines 27, 28, 32, and 33.			17,109,660.	0=	17 702 111
<u>a</u>	27			·····	25,176,634.	27	17,783,111. 29,716,748.
e B	28	Net assets with donor restrictions			23,170,034.	28	29,710,740.
ڃَ		Organizations that do not follow FASB ASC 95	8, cne	eck nere			
Net Assets or Fund Balances	00	and complete lines 29 through 33.				00	
şt	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
λtΑ	31	Retained earnings, endowment, accumulated inc			42,286,294.	31	47,499,859.
ž	32	Total net assets or fund balances			42,266,294.	32	
	33	Total liabilities and net assets/fund balances			±4,JUJ,O14.	33	47,556,347.

Form **990** (2021)

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		51,1	
2	Protal expenses (must equal Part IX, column (A), line 25)				
3	Revenue less expenses. Subtract line 2 from line 1				<u>39.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))				94.
5	Net unrealized gains (losses) on investments	5	3,0	33,4	92.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	11,7	66.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	47,4	99,8	<u>59.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2k	X	\perp
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-			
	review, or compilation of its financial statements and selection of an independent accountant?		20	X	\vdash
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			l
	Act and OMB Circular A-133?		3	1	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3t		<u> </u>
			For	m 990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization **-***7358 DALTON STATE COLLEGE FOUNDATION Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II 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		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			` ,	. ,	.,	,,
-	membership fees received. (Do not						
	include any "unusual grants.")	3336897.	3813491.	3158303.	1331502.	1207138.	12847331.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3336897.	3813491.	3158303.	1331502.	1207138.	12847331.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						12847331.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	3336897.	3813491.	3158303.	1331502.		12847331.
	Gross income from interest,	3333371	30131317	3133333	20020020		
Ü	dividends, payments received on						
	securities loans, rents, royalties,	2205784.	1258442.	1209171.	1384464.	1101017.	7158878.
•	and income from similar sources	2203704.	1230442.	12091110	1304404.	1101017.	7130070.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20006209.
	Total support. Add lines 7 through 10		`			T	20006209.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th						
800	organization, check this box and stop						P
	ction C. Computation of Public			. (6)			64.22 %
	Public support percentage for 2021 (li					14	
	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the o	-					
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part '	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	op here. Explain ir	Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

Schedule A (Form 990) 2021

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

qualify under the tests listed be Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and	(4) = 0	(2) 20 10	(5) = 5 : 5	(4,7 = 3 = 3	(6) 262 :	(1) 1010.
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity later is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	<u> </u>		+	1		
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) = 0	(2) 23:3	(0) = 0.0	(4) = 3 = 3	(6) = 5 = 1	(.,
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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	· ·					·
Section C. Computation of Publ	ic Support Per	rcentage				
15 Public support percentage for 2021 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020		•			16	%
Section D. Computation of Inves					•	<u> </u>
17 Investment income percentage for 20			ine 13. column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box a						▶ □
b 33 1/3% support tests - 2020. If the						
line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly suppo	orted organization	▶∐
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	▶∐

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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- 3	3b		
- 3	3c		
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Schedule A (Form 990) 2021

Pai	Supporting Organizations (continued)			
		\perp	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	а		
	A family member of a person described on line 11a above?	b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	С		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations			
<u> </u>	Hon O. Type it oupporting Organizations	\neg	V T	NI -
	Ways a projective of the consequentiants of directors on the class of wine the terminal transfer of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Sec	the supported organization(s). 1 tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	;		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s</u>	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	3		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.)		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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3b

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990) 2021

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
<u>i_</u>	Carryover from 2016 not applied (see instructions)			
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

DALTON STATE COLLEGE FOUNDATION, INC.

Employer identification number **-***7358

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at and of consu	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	t funds
·	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
_	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Tracerras or Oth	au Ciurilau Aggata
Par	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	rance of public service,
	provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial o	
_	the following amounts required to be reported under FASB A		, p. 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

	E COLLEGE FOUN	NDATION, INC. **	*-***7358 Page
Part VII Investments - Other Securities.	5 000 D 1 11 1 1	41 0 5 000 B 1 V II 40	
Complete if the organization answered "Yes"			-l - f
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	6 757 150		
(A) ALTERNATIVE INVESTMENTS	6,757,150.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	6 757 150		
Part VIII Investments - Program Related.	6,757,150.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X line 15	
	Description	Tu. dee Form 550, Fait X, line 15.	(b) Book value
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
Total (October (b) report a great Farms 2000, Best V. and (B) Vine	- 15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)	··············	<u>' [</u>
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	5
(1) D (1) (1) (1)	orri orri 550, r artiv, iiric i	Te or Tri. Gee Form 330, Fart X, line 20	(b) Book value
			(S) BOOK VAIGO
(1) Federal income taxes			
(2)			
(3)			
<u>(4)</u>			
(5)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

(6) (7) (8)

1,119,343

1,119.

3

4c

Sche	dule D (Form 990) 2021 DALTON STATE COLLEGE FOUNDA	TION	, INC.	**_	***7358	Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemen	ıts Wit	h Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	6,332,	908.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	3,083,492.			
b	Donated services and use of facilities	2b				
	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	-11,766.			
е	Add lines 2a through 2d			2e	3,071,	726.
3	Subtract line 2e from line 1			3	3,261,	182.
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	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,261,	182.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per I	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,119,	343.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c				

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information.

Subtract line 2e from line 1

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

d Other (Describe in Part XIII.) Add lines 2a through 2d

b Other (Describe in Part XIII.) c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

4a

PART X, LINE 2:

ON APRIL 1, 2009, THE FOUNDATION ADOPTED THE RECOGNITION REQUIREMENTS FOR UNCERTAIN INCOME TAX PROVISIONS AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, WITH NO CUMULATIVE EFFECT ADJUSTMENT REQUIRED. INCOME TAX BENEFITS ARE RECOGNIZED FOR INCOME TAX PROVISIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, ONLY WHEN IT IS DETERMINED THAT THE INCOME TAX POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE FOUNDATION HAS ANALYZED TAX EXAMINATION AND DOES NOT ANTICIPATE ANY ADJUSTMENT THAT WOULD RESULT IN MATERIAL ADVERSE EFFECT ON THE FOUNDATION'S FINANCIAL CONDITION, RESULTS OF OPERATIONS, OR CASH FLOWS. ACCORDINGLY, THE FOUNDATION HAS NOT RECORDED ANY RESERVES OR RELATED ACCRUALS FOR INTEREST AND PENALTIES FOR UNCERTAIN

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)
Tart Am Supplemental morniation (continued)
INCOME TAX POSITIONS AT DECEMBER 31, 2021 AND 2020.
CURRENTLY, THERE ARE NO AUDITS FOR ANY TAX YEAR IN PROGRESS, AND THE
FOUNDATION BELIEVES THAT IT IS NO LONGER SUBJECT TO AUDITS FOR PERIODS
PRIOR TO 2016.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN NET PRESENT VALUE OF PLEDGES RECEIVABLE

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DALTON STATE COLLEGE FOUNDATION, INC. **Employer identification number** **-***7358

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
RESIDENTS OF THE NORTH GEORGIA AREA	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW PRIOR	
TO FILING. THE AUDIT COMMITTEE IS CHARGED BY THE BOARD OF DIRECTORS WITH	
DETERMINING AND MONTIORING COMPLIANCE WITH ALL TAX AND FINANCAIL REPORTING	
REQUIREMENTS. UPON APPROVAL OF THE FORM 990, THE DIRECTOR OF INSTITUTIONA	.L_
ADVANCEMENT IS CHARGED WITH SIGNING AND FILING THE FORM 990.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BY SERVING, THE FOUNDATION'S TRUSTEE ARE REPRESENTING THAT THEY HAVE NO	
CONFLICTS OF INTEREST.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE DALTON STATE COLLEGE	
FOUNDATION, INC. ARE AVAILABLE TO THE PUBLIC FOR DOWNLOAD ON THE	
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, ALL OTHER FUNCTIONAL EXPENSES:	
CAMPUS EVENTS:	
PROGRAM SERVICE EXPENSES 38,533	•
MANAGEMENT AND GENERAL EXPENSES 0	•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2	2021

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021	Page 2
Name of the organization DALTON STATE COLLEGE FOUNDATION, INC.	Employer identification number **-**7358
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,533.
BUILDINGS AND GROUNDS :	
PROGRAM SERVICE EXPENSES	38,301.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	38,301.
ACADEMIC PROGRAM SUPPORT:	
PROGRAM SERVICE EXPENSES	34,793.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	34,793.
DUES AND MEMBERSHIPS:	
PROGRAM SERVICE EXPENSES	6,501.
MANAGEMENT AND GENERAL EXPENSES	3,551.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,052.
ATHLETIC PROGRAM:	
PROGRAM SERVICE EXPENSES	8,182.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,182.
ALUMNI RELATIONS:	0.1.1.0.7
132212 11-11-21 3 3 3	Schedule O (Form 990) 202

Schedule O (Form 990) 2021 Page **2**

Schedule O (Form 990) 2021	Page 2
Name of the organization DALTON STATE COLLEGE FOUNDATION, INC.	Employer identification number **-**7358
PROGRAM SERVICE EXPENSES	5,465.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,465.
DONOR RELATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,584.
TOTAL EXPENSES	1,584.
BANK AND CREDIT CARD PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,310.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,310.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A	138,220.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN NET PRESENT VALUE OF PLEDGES RECEIVABLE	-11,766.