| Form 8879-TE | | IRS e-file Signature for a Tax Exem | Authorization pt Entity | | OMB No. 1545-0047 |
|---|--|---|--|--|---|
| | For calendar yea | r 2022, or fiscal year beginning | | | 2022 |
| Department of the Treasury | | Do not send to the IRS. Keep | | | ZUZZ |
| Internal Revenue Service | | Go to www.irs.gov/Form8879TE fo | r the latest information. | | |
| Name of filer | | | | EIN or SSN | |
| | | COLLEGE FOUNDATION, II | NC. | **_* | **7358 |
| Name and title of officer or pe | erson subject to ta | | | ICEME | |
| Part I Type of | Return and | DIRECTOR OF INSTIT Return Information | UTIONAL ADVAN | NCEME | |
| | | | ha applicable amount if a | any from the return | Earm 9029 CD and |
| Form 5330 filers may enter or 10a below, and the amo | r dollars and ce ount on that line | u are using this Form 8879-TE and enter t ents. For all other forms, enter whole dolla e for the return being filed with this form w er -0-). But, if you entered -0- on the return | rs only. If you check the b /as blank, then leave line | box on line 1a, 2a, 1b, 2b, 3b, 4b, 5b | , 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5, 6b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 check h | nere | b Total revenue, if any (Form 990 | , Part VIII, column (A), line | e 12) | 1b <u>2,637,524.</u> |
| 2a Form 990-EZ che | eck here [| b Total revenue, if any (Form 990 | -EZ, line 9) | | 2b |
| 3a Form 1120-POL | check here [| b Total tax (Form 1120-POL, line : | | | |
| 4a Form 990-PF che | eck here [| b Tax based on investment inco | | | 4b |
| 5a Form 8868 check | here | b Balance due (Form 8868, line 3 | c) | | |
| 6a Form 990-T chec | k here | b Total tax (Form 990-T, Part III, li | | | 6b |
| 7a Form 4720 check | here | b Total tax (Form 4720, Part III, lin | ne 1) | | 7b |
| 8a Form 5227 check | - | b FMV of assets at end of tax ye | ar (Form 5227, Item D) | | 8b |
| 9a Form 5330 check | here | b Tax due (Form 5330, Part II, line | , | | 9b |
| 10a Form 8038-CP cl | | b Amount of credit payment req | uested (Form 8038-CP, F | Part III, line 22) | 10b |
| | | nature Authorization of Officer | | | |
| Under penalties of perjury of entity) | , I declare that | X I am an officer of the above entity or | I am a person subj (EIN) | | |
| intermediate service provi acknowledgement of rece of any refund. If applicable entry to the financial instit financial institution to deb later than 2 business days payment of taxes to receiv personal identification nur PIN: check one box only | der, transmitter ipt or reason fo e, I authorize the ution account in it the entry to the prior to the pa /e confidential in ber (PIN) as m | nt in Part I above is the amount shown on , or electronic return originator (ERO) to se rejection of the transmission, (b) the rea e U.S. Treasury and its designated Financ ndicated in the tax preparation software for his account. To revoke a payment, I must yment (settlement) date. I also authorize the nformation necessary to answer inquiries y signature for the electronic return and, in CAULEY & ASSOCIATES, | end the return to the IRS a son for any delay in proce ial Agent to initiate an ele or payment of the federal contact the U.S. Treasury he financial institutions in and resolve issues related f applicable, the consent | and to receive from essing the return o cctronic funds with taxes owed on this / Financial Agent a volved in the proce d to the payment. I | n the IRS (a) an r refund, and (c) the date drawal (direct debit) s return, and the t 1-888-353-4537 no essing of the electronic have selected a s withdrawal. |
| | • | ERO firm name | | | Enter five numbers, but |
| with a state age on the return's o As an officer or return. If I have | ncy(ies) regulat disclosure cons person subject indicated withir | 2022 electronically filed return. If I have i ing charities as part of the IRS Fed/State ent screen. to tax with respect to the entity, I will enter this return that a copy of the return is be neter my PIN on the return's disclosure cor | program, I also authorize er my PIN as my signature ing filed with a state agen | the aforementione e on the tax year 20 | d ERO to enter my PIN 022 electronically filed |
| | - | | | Date | a |
| Signature of officer or person subje | | thentication | | | <u> </u> |
| ERO's EFIN/PIN. Enter yo | our six-digit elec | stronic filing identification | | | |
| number (EFIN) followed by | your five-digit | self-selected PIN. | 6751643 Do not enter a | | |
| | | y PIN, which is my signature on the 2022 the requirements of Pub. 4163, Modernia | | | |
| ERO's signature D • | DAVID SC | COGGINS, CPA | Date | 11/08/23 | |
| | D - N | ERO Must Retain This Form | | | |
| | | t Submit This Form to the IRS U | miess Requested I | 0 00 50 | 5 9070 TE (005-1 |
| LHA For Privacy Act and | a Paperwork R | eduction Act Notice, see instructions. | | | Form 8879-TE (2022) |
| 202521 12-16-22 | | | | | |

(Rev. January 2022)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

| ► | File a | separate application for each return. | |
|---|--------|---------------------------------------|--|
| | | | |

Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Туре с | r Name of exempt organization or other filer, see instru- | Taxpayer identification number (TIN) | | | | | |
|--|---|--|---|--------------------------|--|--------------|--|
| print | DALTON STATE COLLEGE FOUND. | ATION, | INC. | | **-***73 | 58 | |
| | for Number, street, and room or suite no. If a P.O. box, a | see instruct | ions. | | | | |
| filing your return. See instructions. 650 COLLEGE DRIVE City, town or post office, state, and ZIP code. For a foreign address, see instructions. DALTON , GA 30720 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | | | | | | | |
| Enter t | ne Return Code for the return that this application is for (fi | ile a separat | te application for each return) | | | 0 1 | |
| Applic | ation | Return | Application | | | Return | |
| ls For | | Code | Is For | | | Code | |
| Form 9 | 90 or Form 990-EZ | 01 | Form 1041-A | | | 08 | |
| Form 4 | 720 (individual) | 03 | Form 4720 (other than individual) | | | 09 | |
| Form 9 | 90-PF | 04 | Form 5227 | | | 10 | |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | |
| Form 9 | 90-T (trust other than above) | 06 | Form 8870 | | | 12 | |
| Form 9 | 90-T (corporation) DAVID ELROD | 07 | | | | | |
| If the box 1 1<th>e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit</th><th>Group Exe and atta NOVE1 ganization's</th><th>mption Number (GEN) ch a list with the names and TINs of MBER 15, 2023 , to file return for: d ending</th><th>f this is fo all memb</th><th>r the whole group, ers the extension i npt organization re</th><th>s for.</th> | e organization does not have an office or place of busines is is for a Group Return, enter the organization's four digit | Group Exe and atta NOVE1 ganization's | mption Number (GEN) ch a list with the names and TINs of MBER 15, 2023 , to file return for: d ending | f this is fo all memb | r the whole group, ers the extension i npt organization re | s for. | |
| | this application is for Forms 990-PF, 990-T, 4720, or 606 | 9, enter the | tentative tax, less | 3a | \$ | 0. | |
| - | ny nonrefundable credits. See instructions. | 9 enter any | refundable credits and | Jod | φ | • | |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credi estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | Зb | \$ | 0. | |
| - | Balance due. Subtract line 3b from line 3a. Include your p | | | | | | |
| | ising EFTPS (Electronic Federal Tax Payment System). Se | • | | 3c | \$ | 0. | |
| | n: If you are going to make an electronic funds withdrawa | | | 153-TE an | d Form 8879-TE fo | r payment | |
| LHA | For Privacy Act and Paperwork Reduction Act Notice | , see instru | ictions. | | Form 8868 (| Rev. 1-2022) | |

| Form 990 | |
|-----------------|--|
|-----------------|--|

EXTENDED TO NOVEMBER 15, 2023 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 en to Public nspection

| Depa Inter | artment of nal Rever | f the Treasury nue Service | Go to www.irs.gov/Form990 for instructions and t | t information. | Inspection | | |
|--|---------------------------------------|-------------------------------|--|----------------|--|-----------------------------|--|
| A | For the | 2022 calend | ar year, or tax year beginning and | | | | |
| | Check if applicable | C Name of | organization | | D Employer identifica | tion number | |
| | Addres change Name change | | ON STATE COLLEGE FOUNDATION, INC. | | **-**735 | 8 | |
| | Initial return Final return/ | 650 | and street (or P.O. box if mail is not delivered to street address) COLLEGE DRIVE | Room/sui | ite E Telephone number 706-272-4 | | |
| | termin- ated Amenc return | City or to DALT | own, state or province, country, and ZIP or foreign postal code ON , GA 30720 | | G Gross receipts \$ H(a) Is this a group retu | | |
| | Application pendin | ^g SAME | nd address of principal officer: DAVID ELROD | | for subordinates? H(b) Are all subordinates inclu | | |
| <u> </u> | Tax-exe | empt status: | | or 5 | If "No," attach a lis | t. See instructions | |
| | Websit | | GIVING.DALTONSTATE.EDU | | H(c) Group exemption number | | |
| | | | X Corporation Trust Association Other | L Ye | ear of formation: 1967 M | State of legal domicile: GA | |
| Pa | | Summary | | | | | |
| ø | 1 | | e the organization's mission or most significant activities: \underline{TOP} | | | | |
| Governance | | | SHIPS AND EDUCATIONAL PROGRAMS FOR | | | | |
| ern | 2 | Check this bo | | | | | |
| õ | 3 | | | | | <u> 13</u> 13 | |
| | | | ependent voting members of the governing body (Part VI, line 1b) | | | 0 | |
| ies | 5 | | of individuals employed in calendar year 2022 (Part V, line 2a) | | | 0 | |
| Activities & | 6 | | of volunteers (estimate if necessary) | | | 0. | |
| Ac | /a | | d business revenue from Part VIII, column (C), line 12 | | | 0. | |
| | α | | business taxable income from Form 990-T, Part I, line 11 | <u> </u> | Prior Year | Current Year | |
| | 8 | Contributions | and grants (Part VIII, line 1h) | - | 1,207,138. | 1,231,066. | |
| enue | 9 | | aa ravanua (Dart VIII, lina 2a) | | 0. | 0. | |
| 9 Program service revenue (Part VIII, line 2g) | | | | | | | |

| đ | 8 | Contributions and grants (Part VIII, line 1h) | 1,207,138. | 1,231,066. |
|--------|--------|--|---------------------------|-------------|
| evenue | 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,134,466. | 1,530,461. |
| æ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -80,422. | -124,003. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,261,182. | 2,637,524. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 0. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| ø | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| nse | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| pe | b | Total fundraising expenses (Part IX, column (D), line 25) 60, 372. | | |
| ŵ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,119,343. | 1,505,799. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,119,343. | 1,505,799. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 2,141,839. | 1,131,725. |
| or | | | Beginning of Current Year | End of Year |
| sets | 20 | Total assets (Part X, line 16) | 47,556,347. | 43,857,222. |
| ASS | 21 | Total liabilities (Part X, line 26) | 56,488. | 87,654. |
| Fun | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 47,499,859. | 43,769,568. |
| Pa | ırt II | Signature Block | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

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

| Sign | Signature of officer | | Date | | | | |
|-------------|---|----------|-------------------|------------------------|--|--|--|
| Here | DAVID ELROD, DIRECTOR OF INSTITUTIONAL ADVA | NCEME | | | | | |
| | Type or print name and title | | | | | | |
| | Print/Type preparer's name Preparer's signature | Date | Check | PTIN | | | |
| Paid | D. DAVID SCOGGINS, CPA D. DAVID SCOGGINS, | , C11/08 | /23 self-employed | P00445019 | | | |
| Preparer | Firm's name NICHOLS, CAULEY & ASSOCIATES, LLC | | Firm's EIN **- | ***5857 | | | |
| Use Only | Firm's address P.O. BOX 2644 | | | | | | |
| | DALTON, GA 30722 Phone no. 706-278-2834 | | | | | | |
| May the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No | | | |
| 232001 12-1 | 3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. | | | Form 990 (2022) | | | |

I

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | t III Statement of Program Service Accomplishments |
|---|---|
| | Check if Schedule O contains a response or note to any line in this Part III |
| | Briefly describe the organization's mission: |
| | TO PROVIDE INDIVIDUAL GRANTS, SCHOLARSHIPS AND EDUCATIONAL PROGRAMS |
| | FOR ELIGIBLE FACULTY AND RESIDENTS OF THE NORTH GEORGIA AREA |
| | |
| | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O. |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| a | (Code:) (Expenses \$569,771. including grants of \$) (Revenue \$) |
| 2 | PROVIDE DIRECT FINANCIAL SUPPORT IN THE FORM OF SCHOLARSHIPS AND AWARDS |
| | TO STUDENTS ATTENDING DALTON STATE COLLEGE. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
|) | (Code:) (Expenses \$ 283,559. including grants of \$) (Revenue \$) (Revenue \$) |
| | PROVIDE FINANCIAL SUPPORT TO FACULTY AND ACADEMIC PROGRAMS AT DALTON |
| | |
| | STATE COLLEGE |
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| Form 990 (| | | | COLLEGE | FOUNDATION, | INC. |
|------------|----------------|------------|---------|---------|-------------|------|
| Part IV | Checklist of R | equired Sc | hedules | | | |

| | | | 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 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 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 | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 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 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | 37 |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | v | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| _ | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | 44- | х | |
| L | Part VI | <u>11a</u> | ~ | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 11b | х | |
| ~ | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | - 23 | |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| Ь | 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 | | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | х |
| 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 | | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| | 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 | | х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | | 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 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | Х |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | v |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | 990 | X |
| 232003 | 3 12-13-22 | ⊢orm | 330 | 2022) |

4

232003 12-13-22

| Form | 990 | (2022) |
|------|-----|--------|
| | 330 | |

| | | | 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 | | | |
| | 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 X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| 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 | | <u> </u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 258 | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the voor? (6) Voor? | 25a | | x |
| h | transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 234 | | |
| D | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | x |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| | 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 | | | |
| | "Yes," complete Schedule L, Part IV | <u>28a</u> | | 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 | 00- | | |
| 20 | "Yes," complete Schedule L, Part IV | 28c | | X X |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> | 29 | | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 30 | | x |
| 31 | contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | | x |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | <u> </u> |
| 02 | 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 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 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 | | | v |
| 00 | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 200 | х | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | 11 | L |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | <u></u> | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 | | | |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 232004 | 12-13-22 | Form | 990 | (2022) |

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| Form | 990 (2022) DALTON STATE COLLEGE FOUNDATION, INC. **-**7 | 358 | Р | _{age} 5 | | | | |
|---------|--|-----------|-----|------------------|--|--|--|--|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | - | | | | | |
| | | | Yes | No | | | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | <u> </u> | | | | |
| | 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 | | <u> </u> | | | | |
| 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). | | | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X | | | | |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | x | | | | |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> | | | | |
| 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? | <u>6a</u> | | X X | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | |
| | were not tax deductible? | 6b | | <u> </u> | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | 37 | | | | |
| 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 X | | | | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> | | | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | v | | | | |
| | to file Form 8282? | 7c | | X | | | | |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | _ | | | | | | |
| - | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | <u> </u> | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | <u> </u> | | | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g 7h | | <u> </u> | | | | |
| - | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | | | | |
| 8 | | | | | | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 0- | | | | | | |
| a L | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | <u> </u> | | | | |
| b 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a | | | | | | | |
| a h | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | |
| | Section 501(c)(12) organizations. Enter: | | | | | | | |
| 11 | Gross income from members or shareholders | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | |
| | amounts due or received from them.) 11b | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | |
| | 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. | | | | | | | |
| | 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 | | | | | | | |
| с | Enter the amount of reserves on hand | 1 | | | | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | | | | | |
| | excess parachute payment(s) during the year? | 15 | | x | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | |
| _ | If "Yes," complete Form 6069. | | | | | | | |
| 232005 | 12-13-22 | Form | 990 | (2022) | | | | |

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| Form 9 | 990 (| (2022) |
|--------|-------|--------|
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DALTON STATE COLLEGE FOUNDATION, INC.

X

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

| Check if Schedule O contains a response or note to any line in this Part VI | |
|---|--|
| Section A. Governing Body and Management | |

| | | 1 | ı | | | Yes | No |
|---------|---|------------|---------------|--------------|-----------|----------|------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | 13 | | | |
| | 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 | | 13 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | o with a | any other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form S | | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | | 6 | | Х |
| - 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | |
| | more members of the governing body? | • | | | 7a | | x |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, s | | | | <u> </u> | | |
| | persons other than the governing body? | | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | 10 | | |
| | | | - | | 0- | х | |
| a | The governing body? | | | | <u>8a</u> | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea | | | | | | 77 |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | <u> </u> | |
| | | | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | apters, | , affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bod | y befor | e filing the | e form? | 11a | | X |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? // " | | | | | | |
| | on Schedule O how this was done | , | | | 12c | х | |
| 13 | Did the organization have a written whistleblower policy? | | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | | | | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | li by inc | lependen | L | | | |
| _ | | | | | 150 | | х |
| | The organization's CEO, Executive Director, or top management official | | | | 15a | | X |
| b | Other officers or key employees of the organization | | | | 15b | | ~ |
| | 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 arranger | nent wi | th a | | | | |
| | taxable entity during the year? | | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | - | | n | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | | | | | | |
| | 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 <u>GA</u> | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a | nd 990- | T (sectior | n 501(c)(3) | s only) | availal | ole |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | Own website Another's website X Upon request Other (explain | n on Sc | hedule () | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | | d finan | cial | |
| | statements available to the public during the tax year. | | | , <u>,</u> , | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's boo | oks and | l records | | | | |
| | DAVID ELROD - $706-272-4473$ | | | | | | |
| | 650 COLLEGE DRIVE, DALTON, GA 30720 | | | | | | |
| 000- | i i i i i i i i i i i i i i i i i i i | | | | Form | 990 | ()00 |
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| Form 990 (2022) | DALTON STATE | COLLEGE | FOUNDATION, | INC. | **-***7358 | Page 7 |
|---|--|---------------------|-------------------------|-----------------------|-----------------|--------|
| Part VII Compen | sation of Officers, Directo | rs, Trustees, | , Key Employees, | , Highest Com | pensated | |
| Employe | es, and Independent Cont | ractors | | | | |
| Check if Sc | hedule O contains a response or r | note to any line ir | n this Part VII | | | |
| Section A. Officers, I | Directors, Trustees, Key Employ | ees, and Highes | t Compensated Emp | loyees | | |
| List all of the orga | for all persons required to be liste inization's current officers, directo (E), and (F) if no compensation wa | ors, trustees (wh | | , 0 | 0 | |
| List the organization | inization's current key employees ion's five current highest compens | ated employees | (other than an officer, | director, trustee, or | r key employee) | |

who received reportable compensation (box 5 of Form W-2, box 6 of 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.

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|--|---------------|--------------------------------|---|------------|--------------|---------------------------------|-----------|-----------------|-----------------|-----------------|
| Name and title | Average | Position | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | (do not check more than one box, unless person is both an | | compensation | compensation | amount of | | | |
| | week | offic | officer and a director/trustee) | | from | from related | other | | | |
| | (list any | ctor | | | | | | the | organizations | compensation |
| | hours for | r dire | | | | eq | | organization | (W-2/1099-MISC/ | from the |
| | related | tee o | ustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | l trus | nal tr | | oyee | dwo | | 1099-NEC) | | and related |
| | below | Individual trustee or director | n stit utio nal trustee | Officer | / em pl | Highest compensated employee | Former | | | organizations |
| | line) | Ind | lns | 0ff | Key | e Hig | For | | | |
| (1) MARGARET VENABLE EX-OFFICIO TRUSTEE | 0.00 | x | | | | | | 0. | 0. | 0. |
| | 0.00 | ~ | | | | | | 0. | 0. | 0. |
| (2) FREDERICK H HOWALT, III | 0.00 | | | 77 | | | | 0. | 0 | 0 |
| CHAIRMAN | 40.00 | X | | X | | | | 0. | 0. | 0. |
| (3) DAVID ELROD | 40.00 | | | | | | | | 0 | • |
| EX-OFFICO TREASURER | 10.00 | | | Х | | | | 0. | 0. | 0. |
| (4) JOSH WILSON | 40.00 | | | | | | | | 0 | 0 |
| EX-OFFICO SECRETARY | 0.00 | | | X | | | | 0. | 0. | 0. |
| (5) MURRAY BANDY | 0.00 | | | | | | | | 0 | • |
| TRUSTEE | 0.00 | X | | | | | | 0. | 0. | 0. |
| (6) BARRY BLEVINS | 0.00 | | | | | | | | 0 | • |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (7) G ROBERT BUCHANAN | 0.00 | | | | | | | | | • |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (8) DAN COMBS | 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 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (12) C KENNETH WHITE | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (13) MITCH SANFORD | 0.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (14) JAMIE CONNORS | 0.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (15) JEFF CLEMENTS | 0.00 | | | | | | | | | |
| TRUSTEE | | X | | | | | | 0. | 0. | 0. |
| (16) DAVID PENNINGTON IV | 0.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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Form 990 (2022)

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| | | TATE COL | LE | GE | F | 'OU | ND. | AТ | ION, INC. | **_** | <u>*7</u> : | 358 | P | age 8 |
|-----|---|------------------|--------------------------------|-----------------------|------------|--------------|---------------------------------|----------|--------------------------|--------------------|-------------|----------|---------------------|--------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | ploy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) | (B) | | | (0 | C) | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (-1- | | Pos | | | | Reportable | Reportable | | Es | stimate | ed |
| | | hours per | box | , unles | ss per | rson i | than c s both | an | compensation | compensation | ו ו | an | nount | of |
| | | week | offic | cer an | d a di | irecto | or/trust | ee) | from | from related | | | other | |
| | | (list any | ector | | | | | | the | organizations |) | com | pensa | tion |
| | | hours for | or dire | | | | ted | | organization | (W-2/1099-MIS | C/ | fr | om th | е |
| | | related | stee o | ru stee | | | ensa | | (W-2/1099-MISC/ | 1099-NEC) | | • | anizat | |
| | | organizations | al tru: | onal t | | loyee | comp | | 1099-NEC) | | | | d relat | |
| | | below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | orga | anizati | ons |
| | | line) | Ind | lns | Off | Key | Hig e m | Ъ | | | | | | |
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| | Subtotal | | | | | | | | 0. | | 0. | | | 0. |
| С | Total from continuation sheets to Part VI | I, Section A | | | | | | | 0. | | 0. | | | 0. |
| d | Total (add lines 1b and 1c) | | | | | | | | 0. | | 0. | | | 0. |
| 2 | Total number of individuals (including but n | ot limited to th | ose | liste | d ab | ove |) wh | o re | eceived more than \$100 | ,000 of reportable | | | | |
| | compensation from the organization | | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, truste | ee, k | ey e | mpl | oye | e, or | hig | hest compensated emp | loyee on | | | | |
| | line 1a? If "Yes," complete Schedule J for se | uch individual | | | | | | | | | | 3 | | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | | |
| | and related organizations greater than \$150 | | | | | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | | | |
| - | rendered to the organization? If "Yes," com | - | | | | - | | | - | | | 5 | | Х |
| Sec | tion B. Independent Contractors | | 2010 | <u> </u> | <u>CIT</u> | 5613 | 011 . | | | | | Ū | | |
| 1 | Complete this table for your five highest co | mpensated ind | ene | nder | nt co | ontra | actor | s th | nat received more than 9 | \$100,000 of comp | ensat | tion fro | m | |
| • | the organization. Report compensation for t | | | | | | | | | | Jilout | | | |
| | (A) | ine calendar ye | | indin | ig w | iun c | <u> </u> | | (B) | | | (0 | | |
| | (~) Name and business | address | NC | ONE | 2 | | | | Description of s | services | С | | 7) nsatio | n |
| | | | 110 | | - | | | | | | | | | |
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| 2 | Total number of independent contractors (in | ncluding but no | ot lin | nited | l to 1 | | | ted | above) who received m | ore than | | | | |
| | \$100,000 of compensation from the organiz | zation | | | | 0 |) | | | | | | | |
| | | | | | | | | | | | | - | | |

Form **990** (2022)

232008 12-13-22

| Form | ı 990 | D (2 | 2022) DALTC | ON SI | ATE | COLLEGE | FOUNDATION | , INC. | **-***7 | 358 Page 9 |
|---|-------|----------|---|------------|----------|--------------------|---------------------|-------------------|------------------|-----------------------|
| | rt V | | | nue | | | | | | |
| | | | Check if Schedule O cont | tains a re | esponse | or note to any lir | e in this Part VIII | | | |
| | | | | | | | (A) | (B) | (C) | (D) |
| | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | | function revenue | business revenue | from tax under |
| | | | | | | | | | | sections 512 - 514 |
| ts ts | 1 | а | Federated campaigns | | 1a | | | | | |
| un un | | b | Membership dues | | 1b | | | | | |
| ΩĘ | | | Fundraising events | | 1c | | 1 | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Related organizations | | 1d | | 1 | | | |
| iai | | | | | | | 4 | | | |
| Sim's, | | | Government grants (contribut | | 1e | | 4 | | | |
| rtio | | f | All other contributions, gifts, gran | nts, and | | | | | | |
| ър ф | | | similar amounts not included abo | ove | 1f | 1,231,066. | | | | |
| Ęģ | | g | Noncash contributions included in lines | 1a-1f | 1g \$ | | | | | |
| | | h | Total. Add lines 1a-1f | _ | | | 1,231,066. | | | |
| 0.0 | | | | | | Business Code | | | | |
| | • | _ | | | | Ducinicite Court | | | | |
| ice | 2 | | | | | | | | | |
| e v | | b | | | | | | | | |
| ŝ | | С | | | | | | | | |
| am Ser | | d | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | |
| Pro | | | All other program service reve | | | | | | | |
| _ | | | | | | | | | | |
| -+ | | g | Total. Add lines 2a-2f | | | | | | | |
| | 3 | | Investment income (including | | | - | | | | |
| | | | | | | | 1,038,593. | 1,038,593. | | |
| | 4 | | Income from investment of tax | ix-exemp | t bond p | proceeds | | | | |
| | 5 | | Royalties | | | | | | | |
| | | | - | | Real | (ii) Personal | | | | |
| | 6 | ~ | Gross rents 6a | | 28,500. | | 1 | | | |
| | | _ | | | 52,503. | | 1 | | | |
| | | b | Less: rental expenses 6b | | | | 4 | | | |
| | | | Rental income or (loss) 6c | | 24,003. | | | | | |
| | | d | Net rental income or (loss) | <u></u> | | | -124,003. | -124,003. | | |
| | 7 | а | Gross amount from sales of | (i) Se | curities | (ii) Other | | | | |
| | | | assets other than inventory 7a | 3,06 | 56,678. | | | | | |
| | | b | Less: cost or other basis | | | | 1 | | | |
| Ð | | ~ | and sales expenses | 2 53 | 4,810. | | | | | |
| evenue | | _ | | | 91,868. | | - | | | |
| € € | | | · · · · · · · · · · · · · · · · | | | | 401.050 | 401.050 | | |
| č | | | Net gain or (loss) | | | | 491,868. | 491,868. | | |
| Other R | 8 | а | Gross income from fundraising ev | vents (no | nt | | | | | |
| ð | | | including \$ | | of | | | | | |
| | | | contributions reported on line | e 1c). See | e | | | | | |
| | | | Part IV, line 18 | - | | | | | | |
| | | b | Less: direct expenses | | | | 1 | | | |
| | | | | | | · I | | | | |
| | | | Net income or (loss) from func | | | 1 | | | | |
| | 9 | а | Gross income from gaming ac | | | | | | | |
| | | | Part IV, line 19 | | | · | - | | | |
| | | b | Less: direct expenses | | 9b | | | | | |
| | | с | Net income or (loss) from gam | ning acti | vities . | | | | | |
| | 10 | | Gross sales of inventory, less | | | | | | | |
| | | - | and allowances | | 10 | - | | | | |
| | | k | | | | | | | | |
| | | | Less: cost of goods sold | | | | | | | |
| | | С | Net income or (loss) from sale | es of inve | entory . | | | | | |
| s | | | | | | Business Code | | | | |
| ö ″ | 11 | а | | | | | | | | |
| ne | | b | | | | | | | | |
| ella | | с | | | | | | | | |
| Miscellaneous Revenue | | | | | | | | | | |
| Σ | | | All other revenue | | | | | | | |
| | | | Total. Add lines 11a-11d | | | | 0 637 504 | 1 400 450 | | |
| | 12 | | Total revenue. See instructions | | | | 2,637,524. | 1,406,458. | 0. | 0. |
| 23200 | 9 12- | 13-: | 22 | | | | | | | Form 990 (2022 |

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232009 12-13-22

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | mplete column (A). | 57 |
|-----------------|--|--------------------------------|-----------------------------|------------------------------------|-------------------------|
| | Check if Schedule O contains a respon | ise or note to any line in (A) | this Part IX | (C) | <u>X</u> |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | 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): | | | | |
| a | Management | | | | |
| b | Legal | 16 621 | | | 000 |
| c | Accounting | 46,631. | | 45,731. | 900. |
| 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 O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 1,437. | | 746. | 691. |
| 19 20 | Conferences, conventions, and meetings | т, ч)/• | | /40• | 091. |
| 20 21 | Interest Payments to affiliates | | | | |
| 21 | Depreciation, depletion, and amortization | 754. | | 754. | |
| 22 23 | | 14,459. | | 14,459. | |
| 23 24 | Other expenses. Itemize expenses not covered | 11,155. | | 11,100. | |
| 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | |
| _ | amount, list line 24e expenses on Schedule 0.) | 569,771. | 569,771. | | |
| a | CAPITAL PROJECTS | 191,729. | 191,729. | | |
| b | SALARY SUPPLEMENTS | 161,620. | 82,451. | 30,202. | 48,967. |
| c d | FACULTY SUPPORT | 127,905. | 127,905. | 50,202. | 40,307. |
| | | 391,493. | 375,071. | 6,608. | 9,814. |
| | All other expenses <u>SEE SCH O</u> Total functional expenses. Add lines 1 through 24e | 1,505,799. | 1,346,927. | 98,500. | 60,372. |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | ±,303,755. | 1,510,527. | 50,500 | 00,072. |
| 20 | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | 1 | 1 | 000 |

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232010 12-13-22

10101108 350462 50351.001

Form **990** (2022)

Form 990 (2022) DALTON STATE COLLEGE FOUNDATION, INC. Part IX Statement of Functional Expenses

-*<u>7358</u> Page **10**

10101108 350462 50351.001

Form 990 (2022)

DALTON STATE COLLEGE FOUNDATION, INC.

| _ | | Check if Schedule O contains a response or note | e to an | / line in this Part X | | | |
|-----------------------------|-----|---|----------|-------------------------------|---------------------------------|-------------|----------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | | 1 | |
| | 2 | Savings and temporary cash investments | | | 819,502. | 2 | 1,012,441. |
| | 3 | Pledges and grants receivable, net | | | 4,151,151. | 3 | 2,921,874. |
| | 4 | Accounts receivable, net | | | 4 | | |
| | 5 | Loans and other receivables from any current or | | | | | |
| | | trustee, key employee, creator or founder, substa | antial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of thes | e perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualif | ied per | sons (as defined | | | |
| | | under section 4958(f)(1)), and persons described | in sect | tion 4958(c)(3)(B) | | 6 | |
| s | 7 | Notes and loans receivable, net | | | 7 | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | Description of the second state of the second | | [| 25,529. | 9 | 24,606. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 4,787,009. | | | |
| | b | Less: accumulated depreciation | 10b | <u>4,787,009.</u> 637,200. | 4,198,618. | 10c | 4,149,809. |
| | 11 | Investments - publicly traded securities | | 31,604,397. | 11 | 28,089,983. | |
| | 12 | Investments - other securities. See Part IV, line 1 | | 6,757,150. | 12 | 7,658,509. | |
| | 13 | Investments - program-related. See Part IV, line 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 | | 47,556,347. | 16 | 43,857,222. | |
| | 17 | Accounts payable and accrued expenses | | 56,488. | 17 | 87,654. | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | 19 | | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| ß | 22 | Loans and other payables to any current or form | | Г Г | | | |
| Liabilities | | trustee, key employee, creator or founder, subst | | | | | |
| liq | | controlled entity or family member of any of thes | | | | 22 | |
| Ë | 23 | Secured mortgages and notes payable to unrela | | | | 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 | | | | | |
| | | of Schedule D | , | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 56,488. | 26 | 87,654. |
| | | Organizations that follow FASB ASC 958, che | ck here | e X | • | | |
| es | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | | | | 17,783,111. | 27 | 15,580,187. |
| Bala | 28 | Net assets with donor restrictions | | | 29,716,748. | 28 | 15,580,187. 28,189,381. |
| ЪС | | Organizations that do not follow FASB ASC 9 | | | · · · | | |
| ШĽ | | and complete lines 29 through 33. | , | | | | |
| P | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| iets | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | , | | 47,499,859. | 32 | 43,769,568. |
| Z | 33 | Total liabilities and net assets/fund balances | | | 47,556,347. | 33 | 43,857,222. |

Form 990 (2022)

Part X Balance Sheet

| Form | 990 (2022) DALTON STATE COLLEGE FOUNDATION, INC. | **_* | **7358 | Pag | _{je} 12 |
|------|--|-----------|--------|------|------------------|
| Pa | rt 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 | 2,637 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,505 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,131 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 47,499 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -4,888 | 8,84 | <u>49.</u> |
| 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 | 26 | 5,83 | 33. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 43,769 |),56 | 58. |
| Pa | rt 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 | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 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 | e 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 | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2022 |
| Open to Public Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Employer identification number |
|--------------------------------|
| **_**7358 |

| | | DALT | ON STATE CO | OLLEGE FOUNDA | ATION | INC | | * | *-**7358 |
|----------|-----------|--|-------------------------|------------------------------|------------------------|--------------------|------------------|--------------------|----------------------------|
| Pa | irt I | Reason for Public C | | | | | | | , |
| The | organ | ization is not a private found | | | | | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | | A school described in secti | | | | | | | |
| 3 | \square | A hospital or a cooperative | | | | (b)(1)(A)(ii | ii). | | |
| 4 | \square | A medical research organization | | | | | • | (iii). Enter | the hospital's name, |
| | | city, and state: | · | | | | | . , | |
| 5 | X | An organization operated for | or the benefit of a col | llege or university owned | or operat | ed by a go | vernmental un | it describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | An organization that norma | Ily receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from th | e general p | oublic described in |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | • | | | • | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Parl | t II.) | | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(i | ix) operate | ed in conju | Inction with a l | and-grant | college |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the i | name, city | , and state of t | he college | or |
| | | university: | | | | - | | - | |
| 10 | | An organization that norma | lly receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membershi | p fees, and | d gross receipts from |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its | support fi | rom gross investment |
| | | income and unrelated busir | ness taxable income | (less section 511 tax) fro | m busines | ses acqui | red by the orga | anization a | Ifter June 30, 1975. |
| | | See section 509(a)(2). (Cor | mplete Part III.) | | | | | | |
| 11 | | An organization organized a | and operated exclusi | ively to test for public sat | ety. See | section 50 | 09(a)(4). | | |
| 12 | | An organization organized a | and operated exclusi | ively for the benefit of, to | perform t | he functio | ns of, or to car | ry out the | purposes of one or |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section 5 | 09(a)(3). (| Check the box on |
| | | lines 12a through 12d that | describes the type o | f supporting organizatior | and com | plete lines | 12e, 12f, and | 12g. | |
| а | | Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | ported org | anization(s), ty | pically by | giving |
| | | the supported organization | on(s) the power to reg | gularly appoint or elect a | majority c | of the direc | tors or trustee | s of the su | Ipporting |
| | | organization. You must c | complete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting org | anization supervised | or controlled in connect | ion with it | s supporte | ed organization | (s), by hav | ving |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | e the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| C | | ☐ Type III functionally inte | | | | | | y integrate | ed with, |
| | | its supported organization | | | | | | | |
| C | | Type III non-functionally | integrated. A supp | porting organization oper | ated in co | nnection v | vith its support | ed organiz | zation(s) |
| | | that is not functionally int | | | • | | - | an attentiv | /eness |
| | | requirement (see instructi | | - | | | | | |
| e | | Check this box if the orga | | | | | Type I, Type I | , Type III | |
| _ | | functionally integrated, or | | nally integrated supporting | ng organiz | ation. | | | |
| f | | er the number of supported o | - | | | | | | |
| <u> </u> | | vide the following information i) Name of supported | ii) EIN | d organization(s). | (iv) Is the orga | | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | () = | (described on lines 1-10 | in your governi Yes | ng document? No | support (see in: | - | support (see instructions) |
| | | | | above (see instructions)) | Tes | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Schedule A (Form 990) 2022 DALTON STATE COLLEGE FOUNDATION, INC. **-**7358 Page 2 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.)

| See | ction A. Public Support | | | | | | |
|------|--|-----------------------|-----------------------|------------------------|---------------------|--------------------|----------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 3813491. | 3158303. | 1331502. | 1207138. | 1231066. | 10741500. |
| 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 | 3813491. | 3158303. | 1331502. | 1207138. | 1231066. | 10741500. |
| 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 shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| | Public support. Subtract line 5 from line 4. | | | | | | 10741500. |
| See | ction B. Total Support | | | I | 1 | | 1 |
| | ndar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
| | Amounts from line 4 | 3813491. | 3158303. | 1331502. | 1207138. | 1231066. | 10741500. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | 1258442. | 1209171. | 1384464. | 1101017. | 1038593. | 5991687. |
| 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.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 16733187. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, t | fourth, or fifth tax y | ear as a section 5/ | 01(c)(3) | |
| _ | organization, check this box and stop | | | | | | |
| | ction C. Computation of Publi | | | | | <u> </u> | <u> </u> |
| | Public support percentage for 2022 (I | | | | | 14 | 64.19 % |
| | Public support percentage from 2021 | | | | | 15 | 64.22 % |
| 16a | 33 1/3% support test - 2022. If the o | | | | | | V |
| | stop here. The organization qualifies | | - | | | | |
| b | 33 1/3% support test - 2021. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | - | - | vi how the organiz | ation |
| - | meets the facts-and-circumstances te | - | | | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | | | |
| 10 | organization meets the facts-and-circle | | | | • • | | |
| 18 | Private foundation. If the organization | IT UID TIOL CHECK & I | | a, 100, 17a, or 170 | , check this box a | | s (Form 990) 2022 |
| | | | | | | Schedule A | (1 JIII 330) 2022 |

232022 12-09-22

| Section A. Public Support | | | | | | |
|--|-------------------------|-----------------------|----------------------|-------------------|-----------------------|------------------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 per- formed, 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 bus- iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization'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 | | | | | | |
| 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) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (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 | | | | | | |
| 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 | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | e organization's f | irst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizatio | on, |
| check this box and stop here | <u></u> | | <u></u> | | | |
| Section C. Computation of Public | : Support Pe | rcentage | | | <u> </u> | |
| 15 Public support percentage for 2022 (lin | ne 8, column (f), c | divided by line 13, o | column (f)) | | 15 | 9 |
| 16 Public support percentage from 2021 S | Schedule A, Part | III, line 15 | | | 16 | 0 |
| Section D. Computation of Invest | ment Incom | e Percentage | | | <u> </u> | |
| 17 Investment income percentage for 202 | 22 (line 10c, colu | mn (f), divided by li | ne 13, column (f)) | | 17 | Q |
| 18 Investment income percentage from 2 | | | | | 18 | ò |
| 19a 33 1/3% support tests - 2022. If the o | | | | | 33 1/3%, and line 17 | 7 is not |
| more than 33 1/3%, check this box and | d stop here. The | e organization quali | fies as a publicly s | supported organiz | ation | |
| b 33 1/3% support tests - 2021. If the c | | | | | | nd |

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

(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.)

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Schedule A (Form 990) 2022

INC.

| Schedule A | (Form 990) | 2022 | DALTON | STATE | COLLEGE | FOUNDATION, |
|------------|------------|-------------|--------------|-----------|--------------|-----------------|
| Part III | Support | Schedule fo | or Organizat | tions Des | cribed in Se | ction 509(a)(2) |

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

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Schedule A (Form 990) 2022 DALTON STATE COLLEGE FOUNDATION, INC. **-**7358 Page 5 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Yes No a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and Image: 11 mining of the following persons?

| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b a |
|---|--|
| | 11c below, the governing body of a supported organization? |

b A family member of a person described on line 11a above?

Section B. Type I Supporting Organizations

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

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

 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
 Image: Control of the support of the

| | Ulganization(s). | |
|------------------|--------------------|---------------|
| Section D. All T | ype III Supporting | Organizations |

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the or | rganization used to satisfy | the Integral Part Test durin | a the year (see instructions |
|---|--|-----------------------------|---------------------------------|------------------------------|
| • | Check the box heat to the method that the of | yanizalion useu lo salisiy | the integral i alt i est during | |

- a 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 instructions). | |
|---|---|---|---|
| | | | _ |

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

11a

11b

11c

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c 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.

| | dule A (Form 990) 2022 DALTON STATE COLLEGE FC | | | **-***7358 Page 6 |
|------|---|---------------|-----------------------------|--------------------------------|
| | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | • | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complete | e Sections A through E. | 1 |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| _1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| C | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | Illy integrat | ed Type III supporting orga | anization (see |

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

| DALTON | STATE | COLLEGE | FOUNDATION, | INC |
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| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|-------|--|----------------------|-------------------------------|----|----------------------------------|--|--|
| Secti | on D - Distributions | | | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exer | 1 | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported | | | | | | |
| | organizations, in excess of income from activity | | 2 | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | 3 | 3 | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | | 5 | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | | | |
| 8 | Distributions to attentive supported organizations to which the | | | | | | |
| | (provide details in Part VI). See instructions. | | 8 | | | | |
| 9 | Distributable amount for 2022 from Section C, line 6 | | 9 | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | |
| | | (i) | (ii) | | (iii) | | |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2022 | าร | Distributable Amount for 2022 | | |
| 1 | Distributable amount for 2022 from Section C, line 6 | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2022 (reason- | | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | |
| 3 | Excess distributions carryover, if any, to 2022 | | | | | | |
| а | From 2017 | | | | | | |
| b | From 2018 | | | | | | |
| с | From 2019 | | | | | | |
| d | From 2020 | | | | | | |
| е | From 2021 | | | | | | |
| f | Total of lines 3a through 3e | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | |
| h | Applied to 2022 distributable amount | | | | | | |
| i | Carryover from 2017 not applied (see instructions) | | | | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | |
| 4 | Distributions for 2022 from Section D, | | | | | | |
| | line 7: \$ | | | | | | |
| а | Applied to underdistributions of prior years | | | | | | |
| | Applied to 2022 distributable amount | | | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | |
| | Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | |
| | Part VI. See instructions. | | | | | | |
| 7 | Excess distributions carryover to 2023. Add lines 3j | | | | | | |
| - | and 4c. | | | | | | |
| 8 | Breakdown of line 7: | | | | | | |
| | Excess from 2018 | | | | | | |
| | Excess from 2019 | | | | | | |
| | Excess from 2020 | | | | | | |
| | Excess from 2021 | | | | | | |
| | Excess from 2022 | | | | | | |
| • | | | | | | | |

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

| Schedule A | (Form 990) 2022 | DALTON S | TATE COLI | LEGE FOUNI | DATION. II | NC. **-* | **7358 Page |
|----------------|---|--|--|---|--|--|--|
| Part VI | Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and (See instructions.) | rmation. Provide 1, 2, 3b, 3c, 4b, 4c, , lines 2 and 3; Part | e the explanation 5a, 6, 9a, 9b, 9c t IV, Section E, lin | s required by Part , 11a, 11b, and 11 nes 1c, 2a, 2b, 3a, | II, line 10; Part II, Ic; Part IV, Section and 3b; Part V, lir | line 17a or 17b; Part n B, lines 1 and 2; Pa ne 1; Part V, Section | III, line 12; ırt IV, Section C, B, line 1e; Part V, |
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| SCHEDU | JLE D |
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Department of the Treasury

| (Form 9 | 9 90) |
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Supplemental Financial Statements

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Internal Revenue Service Name of the organization

DALTON STATE COLLEGE FOUNDATION INC.

Employer identification number **-**7358

| Par | t I Organizations Maintaining Donor Advised | | | or Accounts. Complete if the |
|-----|---|-----------------------------|-----------------------|------------------------------------|
| | organization answered "Yes" on Form 990, Part IV, line | e 6. | | |
| | | (a) Donor advis | ed funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | vriting that the assets h | eld in donor advise | ed funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that gr | ant funds can be ι | used only |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for a | ny other purpose c | onferring |
| _ | impermissible private benefit? | | | |
| Par | t II Conservation Easements. Complete if the org | anization answered "Ye | es" on Form 990, P | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply). | _ | |
| | Preservation of land for public use (for example, recreat | tion 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 qualifi | ed conservation contrib | oution in the form c | |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | | | | |
| С | Number of conservation easements on a certified historic stru | | | <u>2</u> c |
| d | Number of conservation easements included in (c) acquired a | | | |
| | historic structure listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or | terminated by the | organization during the tax |
| | year | | | |
| 4 | Number of states where property subject to conservation eas | | | |
| 5 | Does the organization have a written policy regarding the peri | | tion, handling of | |
| | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | handling of violations, a | nd enforcing conse | ervation easements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and or | forcing consorvati | on accoments during the year |
| ' | Amount of expenses incurred in monitoring, inspecting, nand | ing of violations, and er | norcing conservati | on easements during the year |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requiremen | ts of section 170(h | 1)(4)(B)(i) |
| - | and section 170(h)(4)(B)(ii)? | | | |
| 9 | In Part XIII, describe how the organization reports conservation | | | |
| • | balance sheet, and include, if applicable, the text of the footn | | | |
| | organization's accounting for conservation easements. | ere te tre ergamzation | | |
| Par | t III Organizations Maintaining Collections of | Art, Historical Tre | asures, or Oth | ner Similar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | B, not to report in its rev | enue statement ar | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for pub | lic exhibition, educatior | , or research in fur | therance of public |
| | service, provide in Part XIII the text of the footnote to its finan | cial statements that de | scribes these items | S |
| b | If the organization elected, as permitted under FASB ASC 958 | 8, to report in its revenu | e statement and b | alance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, c | or research in furthe | erance 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 trea | | | |
| | the following amounts required to be reported under FASB AS | | | |
| 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) 2022 |
| | 09-01-22 | | | |

28

| | | STATE COLLE | | | | | **7358 | | age 2 |
|------------|--|------------------------------|------------------------------|--------------------|------------|---------------|-----------------|--------------|--------------|
| Par | | | | | | | | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | ollowing that make | significar | nt use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d | | hange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | | | | | pose in Par | t XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | _ | _ | | - |
| Dee | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | te if the organization | n answered "Yes" c | on Form S | 90, Part IV | line 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | |
| 1 a | Is the organization an agent, trustee, custodi | | • | | | _ | _ | | ٦ |
| | on Form 990, Part X? Yes No | | | | | | | | |
| b | b If "Yes," explain the arrangement in Part XIII and complete the following table: | | | | | | Amount | | |
| | | 10 | | Amount | | | | | |
| c | o o | | | | | | | | |
| a | Additions during the year | | | | | | | | |
| e | | | | | | | | | |
| f | Did the organization include an amount on Fo | | | | 1 1 | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • · · · | ∟ | 165 | |] |
| Par | | | | | | | | | _ |
| | Completer | (a) Current year | (b) Prior year | (c) Two years back | | e years back | (e) Four | vears | back |
| 1a | Beginning of year balance | 29,716,748. | 25,176,634. | 22,488,550. | | ,512,063 | | 236, | |
| b | Contributions | 1,223,442. | 2,583,017. | 2,167,671. | - | ,293,077 | | 721, | |
| | Net investment earnings, gains, and losses | -1,403,882. | 2,807,174. | 1,324,490. | - | ,492,534 | | 461, | |
| d | Grants or scholarships | 584,540. | 336,628. | 555,610. | - | 581,865 | - | 656, | |
| | Other expenditures for facilities | , | , | , | | , | | | |
| - | and programs | 762,387. | 514,180. | 248,467. | . 2 | ,227,259 | . 1, | 328, | 256. |
| f | Administrative expenses | , | • | | | | | | |
| g | End of year balance | 28,189,381. | 29,716,748. | 25,176,634. | . 22 | ,488,550 | . 18, | 512, | 063. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1g, column (a) |) held as: | • | | | | |
| а | Board designated or quasi-endowment | , | % | , | | | | | |
| b | Permanent endowment | % | - | | | | | | |
| с | Term endowment | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organizat | ion that are held an | d administered for | the | | _ | | |
| | organization by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | | | X |
| b | If "Yes" on line 3a(ii), are the related organiza | tions listed as require | d on Schedule R? | | | | . 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | ment funds. | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990, | Part IV, line 11a. S | | | | | | |
| | Description of property | (a) Cost or ot | | | Accumul | | (d) Bool | k value | Э |
| | | basis (investm | , | (other) d | lepreciati | on | 2 2 2 2 | | |
| 1a | Land | | | | 0.1.5 | 4 - 4 | 3,080 | | |
| b | Buildings | | 54. | | 246, | 151. | 1,004 | 1, 70 | 13. |
| | Leasehold improvements | 450 0 | 4.6 | | 201 | 0.4.0 | | | |
| | Equipment | | 46. | | 391, | 049. | 64 | 1,99 | 97. |
| | Other | | | | | | A 1 A 4 | | <u> </u> |
| Tota | . Add lines 1a through 1e. (Column (d) must e | <u>qual Form 990, Part X</u> | <u>, column (B), line 1(</u> | Dc.) | | | 4,149 | | |

Schedule D (Form 990) 2022

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| Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year marked (1) Financial derivatives (c) Method of valuation: Cost or end-of-year marked (2) Closely held equity interests (a) ALTERNATIVE INVESTMENTS 7,658,509. (A) ALTERNATIVE INVESTMENTS 7,658,509. END-OF-YEAR MARKET VALUE (B) (c) (c) (C) (c) (c) (D) (c) (c) (E) (c) (c) (F) (c) (c) (G) (c) (c) (F) (c) (c) (G) (c) (c) (G) (c) (c) (G) (c) (c) (G) (c) (c) < | 8 Page |
|--|----------|
| (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year marked (1) Financial derivatives | et value |
| 1) Financial derivatives 11 2) Closely held equity interests 12 3) Other 14 (A) ALTERNATIVE INVESTMENTS 7,658,509. (B) 10 (C) 10 (D) 10 (E) 10 (F) 10 (G) 10 (H) 10 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 7,658,509. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) 10 (a) 10 (a) 10 (b) 10 (c) 10< | et value |
| 2) Closely held equity interests | |
| (3) Other | |
| (A) ALTERNATIVE INVESTMENTS 7,658,509. END-OF-YEAR MARKET VALUE (B) (C) (C) (C) (C) (C) (C) (C) (D) (C) (C) (C) (E) (C) (C) (C) (E) (C) (C) (C) (C) (F) (C) (C) (C) (C) (G) (C) (C) (C) (C) (G) (C) (C) (C) (C) (G) (C) (C) (C) (C) Part VIII Investments - Program Related. (C) (C) Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (C) (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market (1) (2) (C) (C) (C) (C) (3) (C) (C) (C) (C) (C) (6) (C) (C) (C) (C) (C) (C) (7) (C) (C) (C) | |
| (B) (C) (C) (D) (D) (D) (E) (C) (F) (C) (G) (C) (H) (C) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 7 , 658 , 509 . Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (C) Method of valuation: Cost or end-of-year market (1) (2) (3) (1) (4) (2) (5) (2) (6) (2) (7) (2) | |
| (C) (D) (E) (E) (F) (E) (G) (E) (H) (E) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 7,658,509. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (C) Method of valuation: Cost or end-of-year market (1) (C) Method of valuation: Cost or end-of-year market (1) (C) Method of valuation: Cost or end-of-year market (1) (C) Method of valuation: Cost or end-of-year market (1) (C) Method of valuation: Cost or end-of-year market (1) (C) Method of valuation: Cost or end-of-year market (3) (C) Method of valuation: Cost or end-of-year market (5) (C) (6) (C) (7) (C) | |
| (D) (E) (E) (E) (F) (G) (G) (G) (H) (F) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 7,658,509. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (C) Method of valuation: Cost or end-of-year market (1) (2) (3) (1) (4) (1) (5) (1) (6) (1) (7) (2) | |
| (E) (F) (G) (G) (H) (F) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 7,658,509. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market (1) (2) (3) (4) (5) (6) (6) (6) (7) (7) | |
| (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 7,658,509. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (C) Method of valuation: Cost or end-of-year market (3) (3) (4) (4) (5) (6) (7) (1) | |
| (G) Investments event Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) | |
| (H) 7,658,509. Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 7,658,509. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market (1) (2) (3) (4) (5) (5) (6) (7) | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 7,658,509. Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market (1) (2) (3) (4) (5) (5) (6) (6) (7) (1) | |
| Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market (1) (2) (3) (4) (5) (5) (6) (7) (1) (1) | |
| (a) Description of investment(b) Book value(c) Method of valuation: Cost or end-of-year market(1)(2)(2)(3)(3)(4)(4)(5)(6)(7) | |
| (1) (2) (3) (4) (5) (6) (7) (7) | |
| (2) (3) (3) (4) (5) (6) (7) (7) | t value |
| (3) (4) (5) (5) (6) (7) | |
| (4) (4) (5) (6) (7) (7) | |
| (5) (5) (6) (7) | |
| (6) (7) | |
| (7) | |
| | |
| | |
| | |
| (9) Total (Col. (b) must aqual Form 000, Part X, col. (P) line 12.) | |
| 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 11d. See Form 990, Part X, line 15. | |
| (a) Description (b) Book | value |
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |
| | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book | |
| | value |
| (1) Federal income taxes | |
| (2) (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| 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 | |

232053 09-01-22

Schedule D (Form 990) 2022

| Sche | dule D (Form 990) 2022 DALTON STATE COLLEGE FOUN | | | _e 4 |
|------|--|------------------|------------------|----------------|
| Par | t XI Reconciliation of Revenue per Audited Financial Stater | ments With Reven | ue per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| а | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| с | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 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 | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial State | ements With Expe | nses per Return. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 1 | 12a. | | |
| 1 | Total expenses and losses per audited financial statements | | 1 | |
| 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 | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| с | Add lines 4a and 4b | | | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| Pa | t XIII Supplemental Information. | | | |

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.

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 |
| 232054 09-01-22 Schedule D (Form 990) 2022 31 |
| 10101108 350462 50351.001 2022.05000 DALTON STATE COLLEGE FOUN 50351.01 |

Schedule D (Form 990) 2022 DALTON STATE COLLEGE FOUNDATION, INC. **-**7358 Page 5 Part XIII Supplemental Information (continued)

INCOME TAX POSITIONS AT DECEMBER 31, 2022 AND 2021.

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 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN NET PRESENT VALUE OF PLEDGES RECEIVABLE

Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



-*7358

INC.

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

DALTON STATE COLLEGE FOUNDATION,

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 INSTITUTIONAL

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:

BUILDINGS AND GROUNDS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

102,912.

0.

Schedule O (Form 990) 2022

10101108 350462 50351.001

33

| Schedule O (Form 990) 2022 Name of the organization DALTON STATE COLLEGE FOUNDATION, INC. | Employer identification number * * - * * * 7 3 5 8 |
|---|--|
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 102,912. |
| | |
| CAMPUS EVENTS: | |
| PROGRAM SERVICE EXPENSES | 74,753. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 74,753. |
| | |
| EQUIPMENT AND SUPPLIES: | |
| PROGRAM SERVICE EXPENSES | 54,221. |
| MANAGEMENT AND GENERAL EXPENSES | 962. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 55,183. |
| | |
| ACADEMIC PROGRAM SUPPORT: | |
| PROGRAM SERVICE EXPENSES | 40,930. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 40,930. |
| | |
| DUES AND MEMBERSHIPS: | |
| PROGRAM SERVICE EXPENSES | 32,273. |
| MANAGEMENT AND GENERAL EXPENSES | 3,515. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 35,788. |

| DATABA | ASE MAII | NTENANCE | AND | SUPPORT: | | | | | | |
|--------------|----------|----------|-----|----------|------------|--------|-------|----------|-----------|-----------|
| 232212 10-28 | -22 | | | | | | | Schedule | e O (Form | 990) 2022 |
| | | | | | 34 | | | | | |
| 10101108 | 350462 | 50351.00 | 1 | | 2022.05000 | DALTON | STATE | COLLEGE | FOUN | 50351.01 |

| Schedule O (Form 990) 2022 Name of the organization DALTON STATE COLLEGE FOUNDATION, | INC. Employer identification numb |
|--|---------------------------------------|
| PROGRAM SERVICE EXPENSES | 24,259. |
| MANAGEMENT AND GENERAL EXPENSES | 2,566. |
| FUNDRAISING EXPENSES | 7,800. |
| TOTAL EXPENSES | 34,625. |
| BAD DEBTS: | |
| PROGRAM SERVICE EXPENSES | 25,000. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 25,000. |
| ATHLETIC PROGRAM: | |
| PROGRAM SERVICE EXPENSES | 15,593. |
| IANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 15,593. |
| ALUMNI RELATIONS: | |
| PROGRAM SERVICE EXPENSES | 5,130. |
| ANAGEMENT AND GENERAL EXPENSES | 0. |
| UNDRAISING EXPENSES | 0. |
| FOTAL EXPENSES | 5,130. |
| DONOR RELATIONS: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 2,014. |
| TOTAL EXPENSES | 2 , 014 . Schedule O (Form 990) 20 |

10101108 350462 50351.001

| Schedule O (Form 990) 2022 Name of the organization | Page Employer identification number |
|--|--|
| DALTON STATE COLLEGE FOUNDATION, INC. | **-**7358 |
| BANK AND CREDIT CARD PROCESSING FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| ANAGEMENT AND GENERAL EXPENSES | -435. |
| FUNDRAISING EXPENSES | 0. |
| FOTAL EXPENSES | -435. |
| FOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL A | 391,493. |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN NET PRESENT VALUE OF PLEDGES RECEIVABLE | 26,833. |
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