

# Application Form

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## *Organization Information*

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If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

### **Organization Name\***

Daystar Life Center

### **Proposal Name\***

Please choose a short name to identify this project within the grant portal:

Choice Pantry Adaptations

### **EIN\***

65-0523539

### **Incorporation Year\***

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1995

### **Organizational Mission Statement\***

What is your organization's mission statement? This should be no longer than one or two sentences.

Daystar fights hunger, poverty, and hopelessness by providing the necessities of life to our neighbors in need. We engage, educate, and empower the community by promoting the value of nutrition, good health, and financial literacy.

### **Unique Entity ID (SAM)**

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

### Annual Operating Budget Size\*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$2,720,321.00

### Amount Requested\*

The maximum grant amount is \$199,999.

\$50,828.00

### Parent Non-Profit/Subsidiaries\*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

#### **Example**

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

## *Request Specifics*

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### Organization Programmatic Background\*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

Since 1982, Daystar has been providing food, financial assistance, clothing, and basic necessities, such as hygiene products, to the residents in need of Pinellas County. This is achieved through an on-site pantry, clothes closet, client services interviewers, and an urban garden. All services are provided through the generosity of volunteers and managed by a small staff of 4.5 FTEs. All recipients of Daystar pantry and tangible items services must appear in-person at the center between 8:30am and 3:00pm Monday, Tuesday, Thursday, or Friday.

## Community Need\*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

In 2019 Daystar assisted 8447 unique individuals through food pantry services. In 2020 the total impact of Daystar's pantry services was 14,040 individuals. This is a 66% increase in assistance requests contributed to the COVID pandemic. The demand for services continued in 2021 and Daystar served 14, 514 individuals with pantry services. A recent study by the USDA has demonstrated a 0.5% increase in food insecurity for every 1% increase in inflation. Daystar is on target to assist approximately 20,000 individuals with pantry services by the end of 2022, an additional increase of 38%. Since the onset of COVID, Daystar has experienced a 137% total increase in food and pantry requests. Prior to COVID, a large portion of Daystar clients were homeless or living in transitional, communal, or temporary housing. Today, 70% of all Daystar clients are housed; however, they are an Asset Limited, Income Restrained, Employed (ALICE) population.

## Negative Economic Impact on Organization\*

**The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.**

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

**You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.**

**Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.**

Daystar was unable to hold several in-person fundraiser events which amounted in an estimated loss of \$98,000 in anticipated revenue. Third party fundraising was reduced or modified, resulting in a loss of \$56,000 in revenue to Daystar. Daystar also suffered a negative impact through the loss of volunteers who were primarily senior in age. The reduction of volunteers by approximately 60% meant Daystar had to shift its priorities and sacrifice program expansion and outreach to meet the 66% increase in demand. Pantry services were moved outdoors and converted to an assembly line rather than an indoor client choice shopping experience. This experience does not offer the dignity and discretion Daystar has been known for and was founded on. The outdoor experience must also be suspended or significantly modified due to

extreme weather such as rain and high winds. The unbudgeted cost to the organization to accommodate the COVID pivot to outdoor services is approximately \$2000 including tents, tables, and PPE. Due to lack of funding and volunteer assistance, Daystar has not been able to afford the necessary infrastructure changes to resume a true client choice. The reduction in volunteers required Daystar to reduce operational hours. This reduction in hours severely affects the ALICE clients, since they must adjust their work or child-care hours to come to the center, resulting in a negative impact to clients who suffer from lost wages due to hours adjustments. Daystar has calculated this to be around 1,000 clients annually. In addition to the increase in pantry assistance, Daystar's rental assistance program demand increased by 34% which is causing financial strain to the organization since the cost of items that must be purchased to keep up with pantry demand has also increased.

## Proposal Description\*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

With funds received from this grant, Daystar will be purchasing needed equipment to automate and increase capacity of the food pantry and resume a client choice program. Items needed include 10 tablets/ipads, 15 computer monitors and towers, and 2 all-in-one touchscreen desktop computer units. The lifespan on these items is approximately 5-6 years with regular maintenance which Daystar already has secured. In addition to the computers, Daystar will purchase two 16-compartment refrigerated food lockers. The computer systems are needed to run a POS program that allows clients to pre-order and/or choose items through a daystar application that can be added to personal electronic devices or in-person at the center. This will be similar to systems currently in-place through restaurants and grocery stores. It will allow clients to see what is available and be able to schedule pick-up. This system reduces the need for volunteers as personal shoppers, improves wait times, and keeps the client information safe and secure. It will also allow dignity for those who need assistance, but are too ashamed to stand in a public line to receive it. The food locker will be placed alongside the building. This locker will be accessible to neighbors in need after hours. Clients will use the application technology, or can call in requests during pantry hours, eliminating the need for someone to arrange for child care or change work hours. Once their "order" is received, it will be placed into the secure refrigerated food locker. The client will be notified via text, email, or phone that the order is ready and will be issued a unique code to open the locker upon arrival. This also allows our clients anonymity and may improve outcomes for those too embarrassed to come during service hours, thereby increasing the reach of Daystar's service capabilities. This system will reduce the negative impact by reducing the need to keep the center open on weekends and evenings, reducing the number of hands-on clients required, reducing the bottleneck in the pantry lines and improve the fresh and healthy foods that can be offered from our garden. The intent was to always automate the Daystar pantry; however COVID costs and human resource restrictions prevented the organization from being able to purchase these critical items. Many pantry items are also unutilized or undesired due to lack of client choice Daystar is able to offer with a manual assembly line.

## Guiding Principles - Client Impact\*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term “equity” is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

### Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

Daystar serves all neighbors who are in need, and does not discriminate based on age, race, creed, color, orientation, or religious affiliation. Our very organization is designed to serve the underserved, those in poverty, or those who are at risk for homelessness, poverty, and are adversely affected by inequality. 100% of Daystar's clients meet the criteria set by ARPA.

## Number Served\*

How many people will directly benefit from this capital purchase annually?

20000

## Unduplicated vs. Duplicated\*

Is the number indicated above duplicated or unduplicated?

**Duplicated:** A client is counted each time they access services

**Unduplicated:** A client is counted once, regardless of the number of times they access services

**Example:** ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

**The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban**

Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:  
[https://www.huduser.gov/portal/sadda/sadda\\_qct.html](https://www.huduser.gov/portal/sadda/sadda_qct.html)

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

The screenshot shows the HUD SADDA QCT map interface. At the top, there is an address input field with a "Go" button, both circled in red. To the right, dropdown menus for "Florida" and "Pinellas" are also circled in red. Below the address field, there are "Map Options" including "Clear", "Reset", and "Full Screen". A "QCT Legend" and "SADDA Legend" are visible, with a red arrow pointing to the "Color QCT Qualified Tracts (Zoom 7+)" checkbox. The map displays purple shaded areas representing QCTs in the Tampa Bay area, with labels for Clearwater, St. Petersburg, and Tampa. A red pin is located on the map near Clearwater. The "Map" and "Satellite" tabs are visible at the top of the map area.

## Headquarters Location\*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

1055 28th St. South St. Petersburg, Florida 33712

## QCT Determination - Headquarters\*

Is this organization headquartered in a QCT?

Yes

## Purchase Location\*

Where will the majority of the activities related to the purchase(s) take place?

### Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

The capital items will be stationed at the St. Petersburg location; however, the automation and 24/7 access of the food lockers will allow persons from across Pinellas county to access the pantry services at their convenience, benefitting the entire county.

## QCT Determination - Purchase\*

Does this organization's proposed purchase benefit residents of QCTs?

Yes

## *Community Connection*

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This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection\*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Daystar is located in the 33712 zip-code. Daystar has paid staff, volunteers, and board members who identify as those who represent the diverse community. Diversity is celebrated at Daystar and critical to operations.

## Leadership Demographics - Board Membership\*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC

## Leadership Demographics - Executive Level Leadership Team\*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC

## Leadership Demographics - CEO/Executive Director\*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."



None of the above

## *Proposal Costs*

### Purchase Estimates/Bids\*

**You must combine all bids/estimates into one file.**

**Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.**

- If your purchase is **BELOW** \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

PCF ARPA Small Grant Daystar Bids 092022.pdf

### Sole Source\*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

Due to its unique nature and use, the food locker is only available to Daystar through one vendor who is able to serve this geographic area.

Daystar has a contract for technology services with VSL Computers and this is the information they have provided us for selection and pricing of the computer hardware.

### Related Parties\*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

#### Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

**If yes**, identify the vendor and describe the relationship.

**If no**, write "No related parties below."

No related parties

## Budget Summary\*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Budget-Small-Capital-Purchases PCF ARPA.xlsx

## Other Funding Sources\*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

**Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.**

None

## Changes in Operating Costs\*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?
- If this purchase **does not affect** operating costs, please note so below.

Will decrease on-going operational costs because Daystar will not need to increase the paid staff to accommodate the community demand, and will reduce spoilage by offering a unique option for client choice.

## Organization Documentation

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Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

## Organization Budget\*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Daystar 2022-2023 budget.pdf

## Board of Directors List\*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

Daystar Life Center Board of Directors.docx

## IRS Form 990\*

Please upload a PDF copy of your most recently submitted IRS Form 990.

**If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type.** You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

Daystar-2020-21-990-Tax-Return.pdf

## Most Recent Financial Statements\*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Daystar-Life-Center-Inc.-2020-2021-Audit-Report.pdf

## *Insurance Requirements*

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### Evidence of Insurance Coverage\*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.  
insurance.pdf

## Insurance Requirement\*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation  
17755 US Highway 19 N  
Suite 150  
Clearwater, FL 33764  
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

## Post-Grant Requirements

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### Reporting Requirements Acknowledgment\*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at [rcervantes@pinellascf.org](mailto:rcervantes@pinellascf.org).

Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## *Additional Information*

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### Budget Summary

**NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED**

**Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.**

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

### Additional Upload

If you have something to share, you can upload it here in PDF format.

### Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

Prior to COVID, Daystar Life Center relocated to a larger building with the hopes of increasing outreach services. The building opened August 5, 2019 and within seven months, all expansion opportunities were halted due to COVID. Despite the odds of a small organization surviving the change, the team at Daystar kept moving forward and face whatever challenges they experienced by always putting the client needs first. The need for services has continued to grow and Daystar needs to be able to realize its intended potential in order to meet this need.

### Brief Project Descriptor

Please briefly describe this organization's request.

## File Attachment Summary

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### *Applicant File Uploads*

- PCF ARPA Small Grant Daystar Bids 092022.pdf
- Budget-Small-Capital-Purchases PCF ARPA.xlsx
- Daystar 2022-2023 budget.pdf
- Daystar Life Center Board of Directors.docx
- Daystar-2020-21-990-Tax-Return.pdf
- Daystar-Life-Center-Inc.-2020-2021-Audit-Report.pdf
- insurance.pdf

# ARPA Small Grant Application – Pinellas Community Foundation

## Capital Purchase Bids for Daystar Life Center

### Items 1 and 2-

### Refrigerated Food Locker: Requesting 2 (2<sup>nd</sup> locker is offered at a discounted price)

### Daystar Life Center- Food Locker Bid From H+K International (<https://foodlockers.com>)

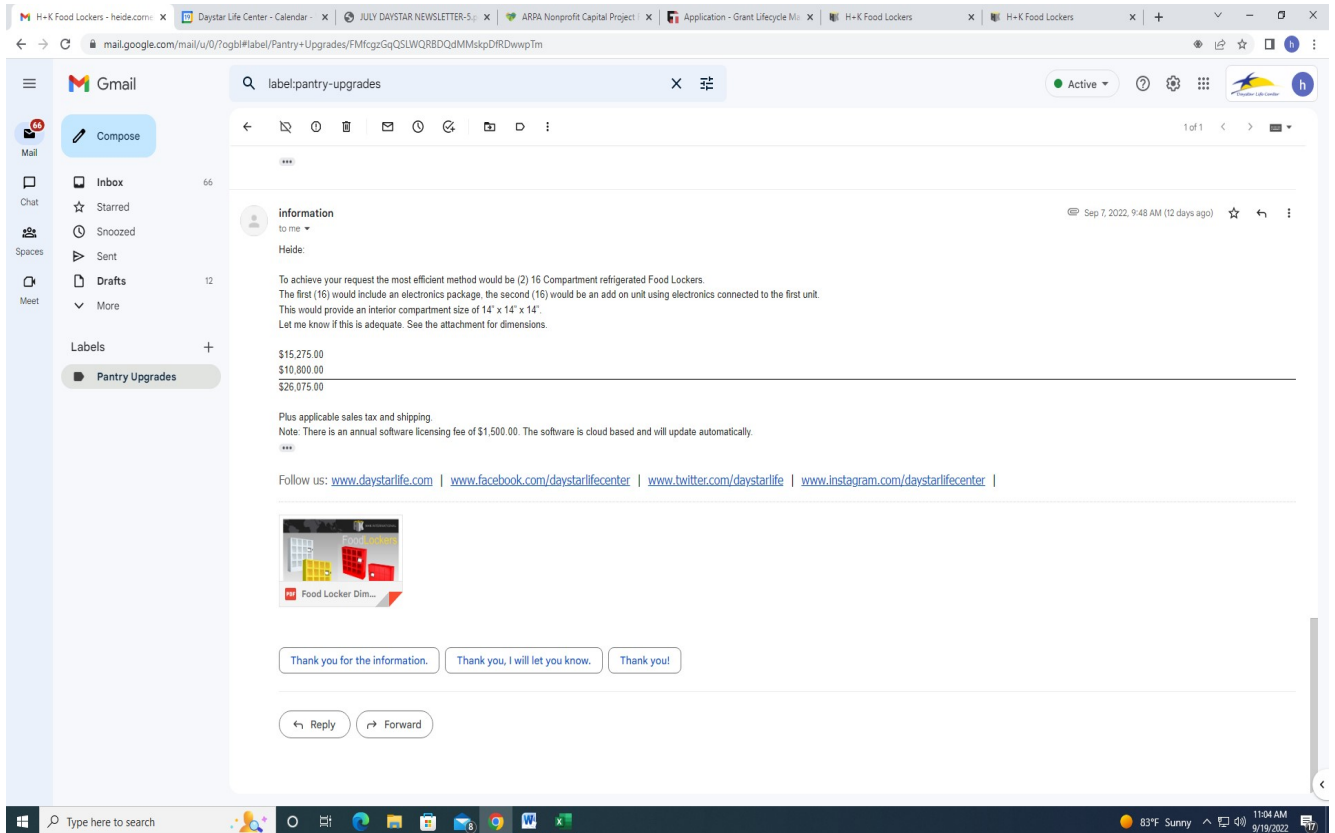
Bid received via email from

Anthony Short, CFSP Strategic Accounts

2200 Skyline Drive, Mesquite, TX 75149

Email : [anthony.short@hki.com](mailto:anthony.short@hki.com)

Office: 443-370-7922



# Food Locker Continue

Microsoft Word - Food Locker Flyer

1 / 2 80%

**CONTACTLESS FOOD PICKUP**

- Touchless Technology - the Future of Restaurant Order Pick Up
- Reduce front counter congestion
- Single Sided - Load Orders from the Front (Out Side) - Load Orders from the Rear
- Standard Locker Temperature is Ambient
- Optional Heated and Refrigerated Lockers

**EASY OPERATION**

- Customer places order through your app, POS system, or third-party delivery app
- Restaurant personnel use the built-in touch screen to assign a locker and place the order inside
- A QR code (customer) or order number (delivery driver) is used for contactless order pick up
- Multiple lockers can be assigned to a single order as needed

208 Wayne Dr. Mesquite, Texas 75148  
 Jim Taylor  
 214.818.3922  
 jim.taylor@hk.com  
 www.foodlockers.com  
 www.hk.com

Microsoft Word - Food Locker Flyer

2 / 2 90%

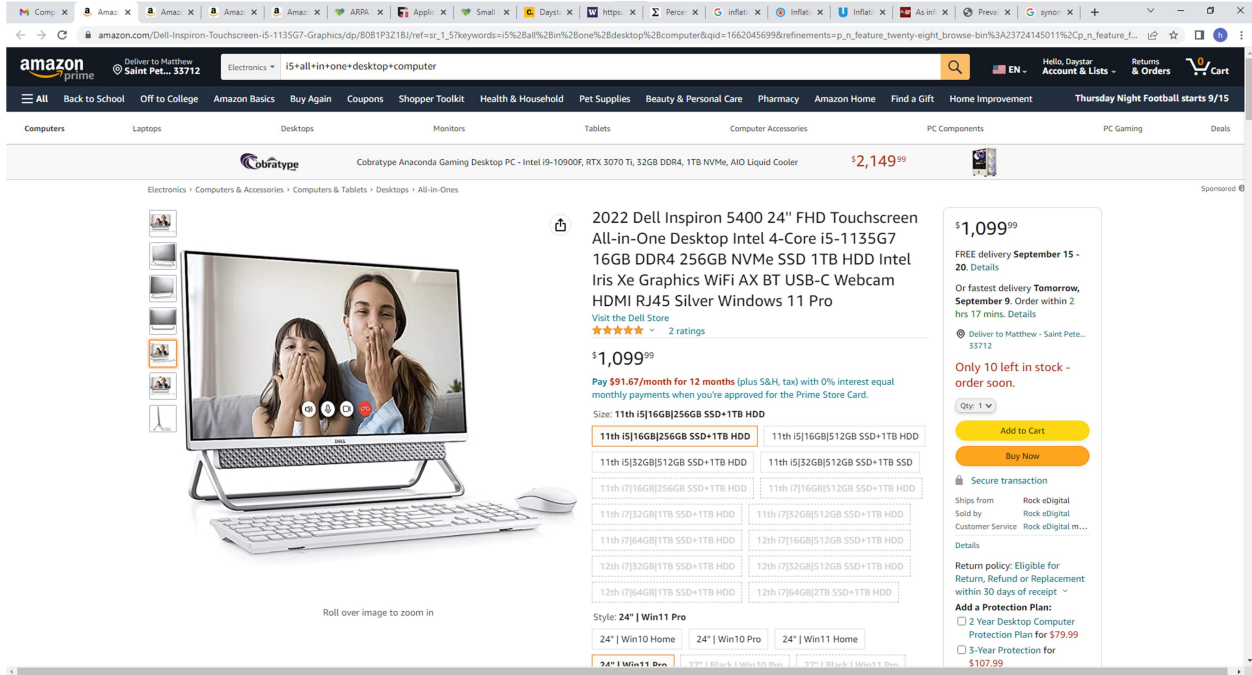
Product Description	15 Bay Food Locker	
Depth	16 1/2"	418 mm
Width	67"	1702 mm
Height	69"	1753 mm
Weight	750 lbs 340 kg	750lbs 340 kg
Ambient/Heated	Ambient	Heated
Voltage/Phase/Frequency	120/1/60	120/1/60
Amp Load	.75A	3.66A
Material	Paint Grade Steel	Paint Grade Steel
Operating Temperature	N/A	120°F-130°F 49°C-54°C
Plug/Cord Type	NEMA 5-15P, 6'-0" (1.8m)	NEMA 5-15P, 6'-0" (1.8m)



### Item 3-

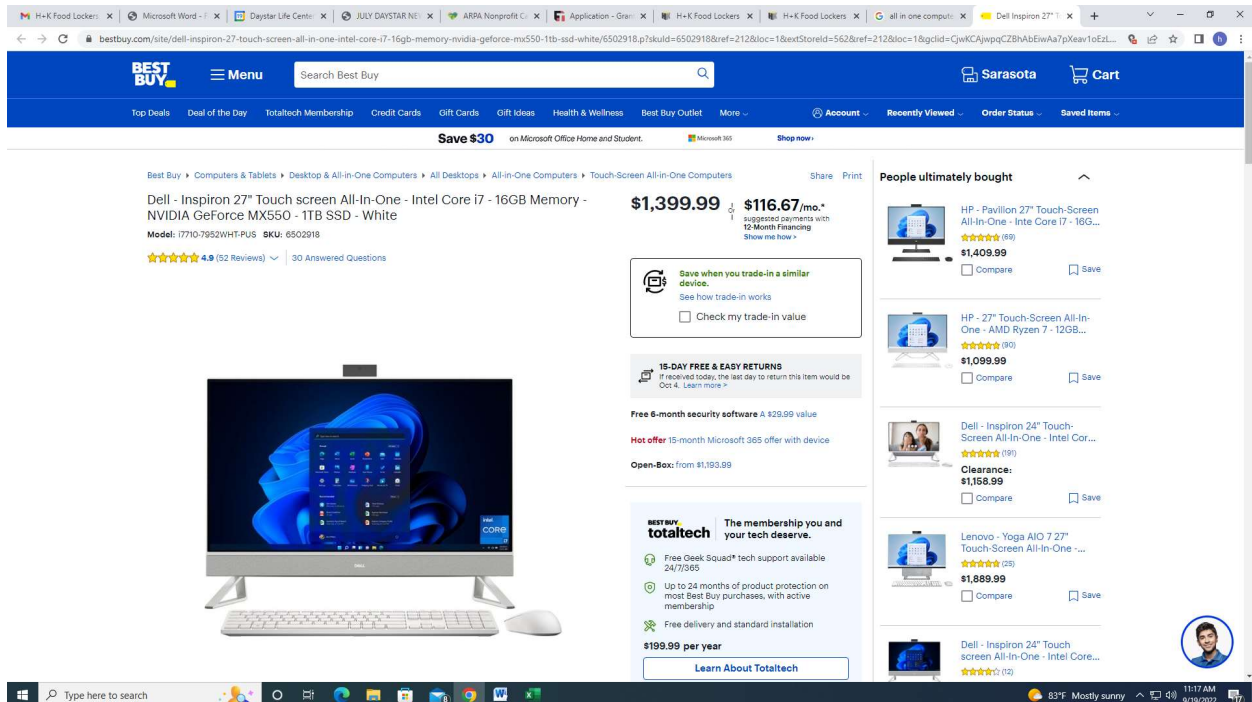
## All-in- One Touchscreen Desktop Computer (requesting 2)

### Bid 1- Available from Amazon



The screenshot shows the Amazon product page for the Dell Inspiron 5400 24" FHD Touchscreen All-in-One Desktop Computer. The product is priced at \$1,099.99. The main image shows the computer with a woman and a child on the screen. The product title is "2022 Dell Inspiron 5400 24" FHD Touchscreen All-in-One Desktop Intel 4-Core i5-1135G7 16GB DDR4 256GB NVMe SSD 1TB HDD Intel Iris Xe Graphics WiFi AX BT USB-C Webcam HDMI RJ45 Silver Windows 11 Pro". The price is \$1,099.99. The product is available for purchase with financing options starting at \$91.67/month for 12 months. The product is in stock and delivery is expected by September 9. The product is available in silver and has a 4.9-star rating. The product is available for purchase with financing options starting at \$91.67/month for 12 months. The product is in stock and delivery is expected by September 9. The product is available in silver and has a 4.9-star rating.

### Bid 2- Available from Best Buy



The screenshot shows the Best Buy product page for the Dell Inspiron 27" Touch screen All-in-One - Intel Core i7 - 16GB Memory - NVIDIA GeForce MX550 - 1TB SSD - White. The product is priced at \$1,399.99, with a suggested price of \$1,409.99. The product is available for purchase with financing options starting at \$116.67/month. The product is in stock and delivery is expected by October 4. The product is available in white and has a 4.9-star rating. The product is available for purchase with financing options starting at \$116.67/month. The product is in stock and delivery is expected by October 4. The product is available in white and has a 4.9-star rating.

## Item 4-

### Keyboard and Mouse Combo (requesting 15)

#### Bid 1- Available from Amazon

The screenshot shows the Amazon product page for the "Amazon Basics USB Wired Computer Keyboard and Wired Mouse Bundle Pack". The product is priced at \$15.99 with Prime shipping. It features a black keyboard and mouse. The page includes a product image, a list of product details, and a "Buy Now" button. The product details section lists the brand as Amazon Basics, color as black, and connectivity as wired. It also mentions that the bundle is compatible with Windows 2000, XP, Vista, 7, 8, and 10. The product has a 4.6-star rating from 1,162 reviews.

**Amazon Basics USB Wired Computer Keyboard and Wired Mouse Bundle Pack**

Visit the Amazon Basics Store  
★★★★★ 9,060 ratings | 245 answered questions  
Amazon's Choice for "mouse and keyboard combo"

**\$15.99**  
prime & FREE Returns  
With Amazon Business, you would have saved \$173.83 in the last year. Create a free account  
May be available at a lower price from other sellers, potentially without free Prime shipping.

**Product details**

Brand	Amazon Basics
Color	Black
Connectivity Technology	Wired
Compatible Devices	Personal Computer
Keyboard Description	Qwerty
Operating System	Windows

- Low-profile keys provide a quiet, comfortable typing experience
- Hotkeys enable easy access for Media, My Computer, mute, volume down, volume up, and calculator; 4 function keys control previous track, Stop, Play/Pause, Next track on your media player
- Simple wired USB connection; works with Windows 2000, XP, Vista, 7, 8, and 10
- Smooth, precise and affordable USB-connected 3-button optical mouse for the desktop PC

**Buy new:**  
**\$15.99**  
prime & FREE Returns  
FREE delivery Monday, September 12. Order within 10 hrs 20 mins  
Deliver to Matthew - Saint Pete... 33712  
In Stock.  
Qty: 1  
Add to Cart  
Buy Now

Secure transaction  
Ships from Amazon.com  
Sold by Amazon.com  
Customer Service Amazon.co...  
Packaging Shows wha...  
Details  
Return policy: Eligible for Return, Refund or Replacement within 30 days of receipt  
 Add a gift receipt for easy returns  
 Save with Used - Very Good

#### Bid 2- Available from Best Buy

The screenshot shows the Best Buy product page for the "Logitech MK120 Full-size Wired Membrane Keyboard and Mouse Bundle for Windows with USB Plug-and-Play - Black". The product is priced at \$17.99, a \$2 discount from the original price of \$19.99. It features a black keyboard and mouse. The page includes a product image, a list of product details, and an "Add to Cart" button. The product details section lists the brand as Logitech, model as MK120, and connectivity as wired. It also mentions that the bundle is compatible with Windows 2000, XP, Vista, 7, 8, and 10. The product has a 4.6-star rating from 1,162 reviews.

**Logitech - MK120 Full-size Wired Membrane Keyboard and Mouse Bundle for Windows with USB Plug-and-Play - Black**

Model: 920-002965 SKU: 1083236  
★★★★★ 4.6 (1,162 Reviews) | 1 Expert Review | 47 Answered Questions  
Highly rated by customers for: Price, Ease of use, Set up

**\$17.99**  
Save \$2 Was \$19.99

15-DAY FREE & EASY RETURNS  
If received today, the last day to return this item would be Oct 4. Learn more

Protect your computer accessory  
★★★★★ (3,705)  
 96% of reviewers would recommend Geek Squad Protection  
 2-Year Accidental Geek Squad Replacement About \$9.99

Work longer with comfort  
 Logitech - Desk Mat Studio Series Extended Mouse Pad with Spill-resistant Durable Design (Large) - Mid Gray \$19.99

Get it in 4 days  
Pickup: Order now for pickup on Fri, Sep 23 at Sarasota  
See all pickup locations  
FREE Shipping: Get it by Fri, Sep 23  
See all shipping options for \$370

Add to Cart  
Compare Save

## Item 5-

### i5 Computer Tower (requesting 15)

#### Bid 1- Available from Amazon

The screenshot shows the Amazon product page for a VCI Lenovo ThinkCentre M70s SFF Computer. The product is a small form factor desktop computer with the following specifications: Intel (6 Core) i5-10400, 16GB RAM, 256GB SSD NVMe, Windows 10 Pro, DVD-Writer, and Desktop Computer. The price is \$799.00, with a Prime & FREE Returns option. The page also features a 'Save 11%' badge, a 'Lowest price in 30 days' badge, and a 'Coupon' for an extra \$50. The product is currently in stock, and the page includes an 'Add to Cart' button and a 'Buy Now' button. The page also displays the seller's name, VISION COMPUTERS, INC. Store, and a 'Secure transaction' badge. The page is viewed on a desktop browser with multiple tabs open.

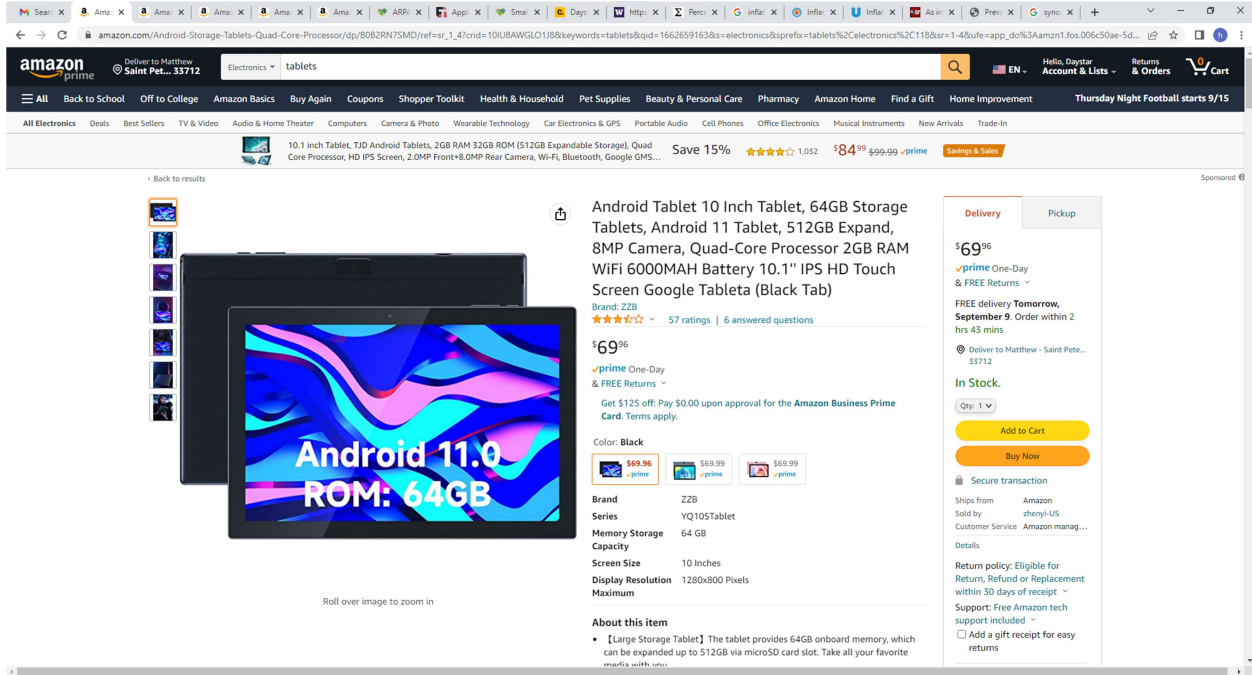
#### Bid 2- Available from Best Buy

The screenshot shows the Best Buy product page for a Lenovo ThinkCentre M70q Gen 2 Desktop. The product is a desktop computer with the following specifications: Intel Core i5, 8GB Memory, and 256GB SSD. The price is \$719.99, with a \$60/mo. financing option available. The page also features a 'Save when you trade-in a similar device' badge, a '15-DAY FREE & EASY RETURNS' badge, and a 'Free 6-month security software' badge. The product is currently in stock, and the page includes an 'Add to Cart' button and a 'Buy Now' button. The page also displays the seller's name, Lenovo, and a 'Secure transaction' badge. The page is viewed on a desktop browser with multiple tabs open.

## Item 6-

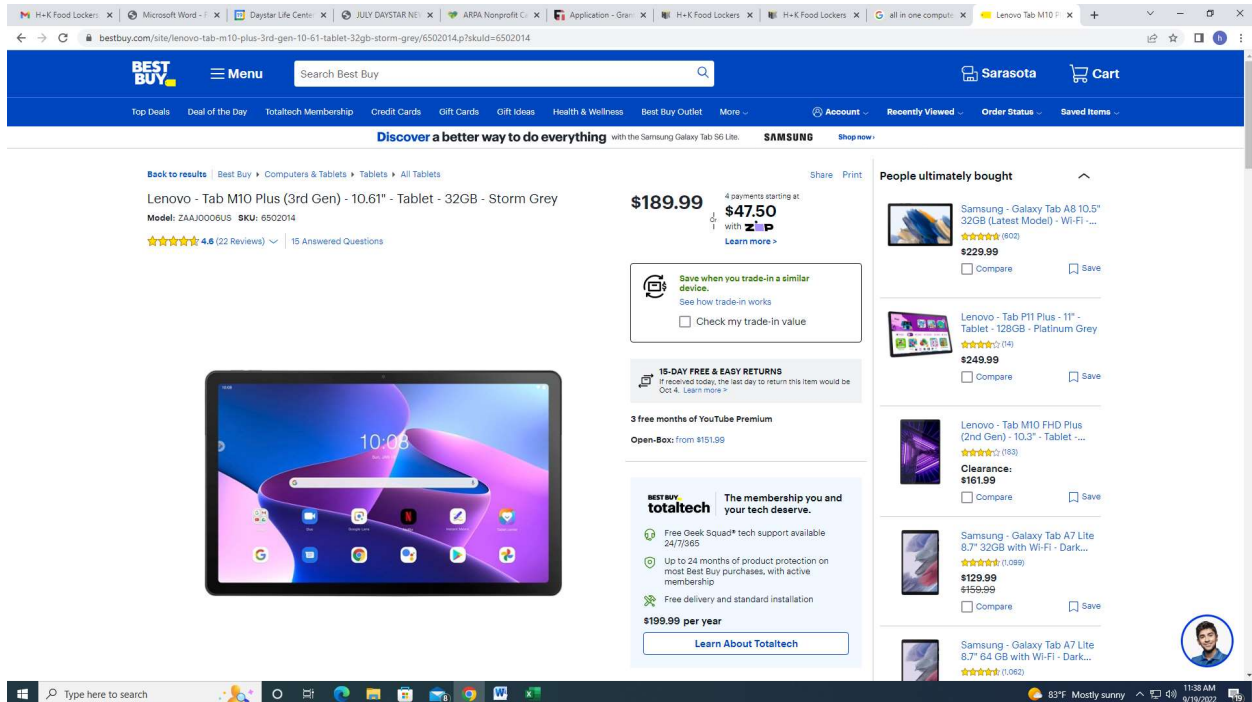
### Android Tablet (requesting 10)

### Bid 1- Available from Amazon



The screenshot shows the Amazon product page for a ZBZ Android tablet. The main product image displays the tablet with a vibrant, abstract blue and pink pattern on the screen. Text overlaid on the image reads "Android 11.0 ROM: 64GB". To the right of the image, the product title is "Android Tablet 10 Inch Tablet, 64GB Storage Tablets, Android 11 Tablet, 512GB Expand, 8MP Camera, Quad-Core Processor 2GB RAM WiFi 6000MAH Battery 10.1" IPS HD Touch Screen Google Tableta (Black Tab)". The price is listed as \$69.99, with a Prime One-Day delivery option. A sidebar on the right contains delivery and pickup options, an "Add to Cart" button, and a "Buy Now" button. Below the main image, there are specifications for the tablet, including brand (ZBZ), series (YQ105Tablet), memory storage capacity (64 GB), screen size (10 Inches), and display resolution (1280x800 Pixels Maximum). A "People who viewed this item also viewed" section is partially visible at the bottom.

### Bid 2- Available from Best Buy



The screenshot shows the Best Buy product page for a Lenovo Tab M10 Plus (3rd Gen) tablet. The main product image shows the tablet with a blue and purple abstract pattern on the screen. The price is \$189.99, with a "Save when you trade-in" offer of \$47.50. The product title is "Lenovo - Tab M10 Plus (3rd Gen) - 10.61" - Tablet - 32GB - Storm Grey". The page includes a "People ultimately bought" section on the right, listing other tablets like the Samsung Galaxy Tab A8 and the Lenovo Tab P11 Plus. A "BEST BUY totaltech" membership offer is also visible, highlighting benefits like Geek Squad tech support and product protection. The Best Buy logo and navigation menu are at the top of the page.



	BUDGET FY 22	BUDGET FY 23	FY 23	
	9/21 - 8/22	9/22 - 8/23	REQUESTED	
<b>PROGRAM REVENUE</b>				
Federal/State	0	0		
City Social Action Funding	50,000	50,000	50,000	
Other Local Government	95,750	55,750		
Contributions & Fundraising	650,000	706,000		
In-Kind: food, clothing, hygiene items	1,502,910	1,703,500		
Program fees	0	0		<b>% of Total Budget</b>
Other: Other grants	204,250	270,000		<b>1.6%</b>
Misc: investment income, transfer from savings	323,221	364,293		<b>% of Cash Budget</b>
<b>TOTAL PROGRAM REVENUE</b>	<b>2,826,131</b>	<b>3,149,543</b>	<b>50,000</b>	<b>3.5%</b>
<b>PERSONNEL EXPENSES</b>				
Salaries & Wages	308,861	309,170		
Benefits	115,400	121,251		
<b>Subtotal Personnel Expenses</b>	<b>423,061</b>	<b>429,221</b>		
<b>OPERATING EXPENSES</b>				
In-Kind: food, clothing, hygiene items	1,502,910	1,703,500		<b>FY 2020-2021</b>
Travel	1,200	1,200		<b>Audited Revenue</b>
Professional & contract services	42,500	77,200		<b>2,134,724</b>
Accounting	10,500	10,600		<b>Audited Expenses</b>
Insurance- liability, property, vehicles	17,200	18,000		<b>1,983,975</b>
Dues, subscriptions	1,700	1,500		<b>(less Depreciation)</b>
Communication	12,500	12,600		<b>(101,530)</b>
Utilities	26,520	21,669		<b>1,882,445</b>
Rentals	0	0		
R&M	15,000	20,472		
Office supplies	1,900	2,000		
Printing	3,600	4,000		
Postage	1,200	1,792		
Conference, training	1,920	2,500		
Specific assistance to individuals	707,100	777,892	50,000	
Other: fundraising, development, fees	57,320	65,396		
<b>Subtotal Operating Expenses</b>	<b>2,403,070</b>	<b>2,720,321</b>	<b>50,000</b>	
<b>TOTAL EXPENSES</b>	<b>2,826,131</b>	<b>3,149,542</b>		

	AUDIT	QUICKBOOKS	APPLICATION
<b>FY 2018-19</b>			
TOTAL REVENUE	3,012,631	3,072,545	1,789,231
Cash & In-Kind Revenue	3,012,631		
TOTAL EXPENSES	1,543,020	2,022,240	1,838,301
(Less Depreciation)	(36,109)	(36,109)	
Cash & In-Kind Expenses	1,506,911	1,986,131	
<b>FY 2020-21</b>			
Cash + In-Kind Revenue	2,126,856	2,135,836	2,126,856
TOTAL REVENUE	2,126,856		
TOTAL EXPENSES	1,983,975	1,983,968	
(Less Depreciation)	(101,530)	(101,530)	
Cash+ In-Kind Expenses	1,882,445	1,882,438	1,882,445

Daystar Life Center Board of Directors  
Revised 02/01/2022

Jay K. Ghosh, President  
301 62nd Ave South  
St. Petersburg, Fl 33705  
972-679-9698  
E-mail: [jayk.ghosh@daystarlife.com](mailto:jayk.ghosh@daystarlife.com)  
Retired Senior Executive AT&T Lucent  
Adjunct Professor, UTD Professor  
BOD 02/25/2020 TOD 02/22/2024

James Garrity  
7024 Central Ave  
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727-346-9500  
727-580-3703 cell  
E-mail: [jgarrity09@yahoo.com](mailto:jgarrity09@yahoo.com)  
Financial Planner, LPL Financial  
BOD 05/08/2013 TOD 03/27/2023

Dr. Loretta Caldwell Thompson  
335 Madison Street South  
St. Petersburg, Fl 33711  
202-461-4144A office  
202-997-0100A direct  
[Loretta@Caldwellmanagementsolutions.com](mailto:Loretta@Caldwellmanagementsolutions.com)  
President of Caldwell Management Solutions  
BOD 07/23/2019 TOD 07/23/2023

Dr. Jacquelyn Dawson, Corresponding Secretary  
300 North Tessier Dr  
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551-579-3414  
E-mail: [drjad61@yahoo.com](mailto:drjad61@yahoo.com)  
Retired Dentist  
BOD 02/25/2020 TOD 02/22/2024

Father Damian Amantia, TOR  
515 4th Street South  
St. Petersburg, Fl 33701  
727-896-2191  
E-mail: [FrDamian@stmaryolg.org](mailto:FrDamian@stmaryolg.org)  
Pastor, St. Mary Our Lady Of Grace  
BOD 07/12/2012 TOD Remains on the Board  
during tenure as Pastor

Carl E. Brody, Jr  
2801 58th Circle South  
St. Petersburg, Fl 33712  
727-687-8368 cell  
727-865-0812 home  
E-mail: [cbrody1985@gmail.com](mailto:cbrody1985@gmail.com)  
Attorney/Tampa City Attorney's Office  
BOD 03/23/2021

Sr. Marita Flynn, O.S.F.  
1332 7th Ave North  
St. Petersburg, Fl 33705  
727-954-3981  
E-mail: [maritaosflc@gmail.co](mailto:maritaosflc@gmail.co)  
Retired Franciscan Sister Of Allegany, NY  
BOD: 09/28/06 TOD: 03/27/2023

John G. Fox, M.D.  
6203 Third Street South  
St. Petersburg, Fl 33705  
727-442-2643  
E-mail: [john.Fox@pcpcah.com](mailto:john.Fox@pcpcah.com)  
Internal Medicine Physician and Hospitalist  
Pinellas County Primary Care  
BOD: 10/27/2020 10/2022

Christine Larsen, M.D., Recording Secretary  
101 10th Street East  
Tierra Verde, Fl 33715  
727-896-2122  
727-744-1355 Cell  
E-mail: [clarsenmd@gmail.com](mailto:clarsenmd@gmail.com)  
Retired Neuroradiologist  
BOD 10/27/2020 TOD 10/2022

Linda Lerner  
4525 Cove Circle #908  
St. Petersburg, Fl 33706  
727-215-3096  
E-mail: [linda.lerner@gmail.com](mailto:linda.lerner@gmail.com)  
Retired Pinellas County School Board  
BOD 05/15/2013 TOD 03/27/2023

Deacon Michael Menchen,  
Vice President



555 5th Ave NE#333  
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727-548-0452 work  
727-642-8279 cell 727-8248515 home  
E-mail: [mmenchen@gmail.com](mailto:mmenchen@gmail.com)  
[mike@emwllaser.com](mailto:mike@emwllaser.com)  
Owner of EMWLLaser  
Appointed to BOD by Fr. Damian 03/28/2018

Kevin Milkey, Acting Executive Director  
2813 Sunset Way  
St. Pete Beach, Fl 33706  
E-mail: [kmilkey1@gmail.com](mailto:kmilkey1@gmail.com)  
Owner of Grand Central Brewhouse  
BOD 09/09/2015 TOD 03/27/2023

George W. Monlux Jr., M.D.  
6012 8th Ave North  
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727-564-8656  
E-mail: [monluxmd@gmail.com](mailto:monluxmd@gmail.com)  
BOD 03/27/2019 TOD 03/27/2023

Mary Anne Putman  
10226 Golden Eagle Drive  
Seminole, Fl 33778  
702-353-5977  
E-mail: [maputman88@me.com](mailto:maputman88@me.com)  
BOD 01/25/2022

Tom Camphire, Treasurer  
835 26th Ave North  
St. Petersburg, Fl 33704  
904-403-3366  
E-mail: [trcamphire@verizon.net](mailto:trcamphire@verizon.net)  
BOD 04/26/2022

## **Staff**

Heide Cornell, Executive Director  
4094 13th Way NE  
St. Petersburg, Fl 33703  
727-894-5323 Office  
716-319-8405 Cell  
E-mail: [Heide.cornell@daystarlife.com](mailto:Heide.cornell@daystarlife.com)

Matthew Korol, Director of Operations  
6443 Kenava Loop  
Palmetto, Fl 34221  
727-498-8794 Office  
703-283-4538Cell  
E-mail: [Matt.Korol@daystarlife.com](mailto:Matt.Korol@daystarlife.com)  
BOD (Board Origination Date, original date voted in  
as a Board Member)  
TOD(Term Origination Date elected to Board Term)

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2020**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2020 calendar year, or tax year beginning **09/01/20**, and ending **08/31/21**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p><b>C</b> Name of organization <b>DAYSTAR LIFE CENTER, INC.</b></p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1055 28th Street South</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code <b>ST PETERSBURG FL 33712</b></p> <p><b>F</b> Name and address of principal officer: <b>Jane Trocheck Walker</b> <b>1055 28TH STREET SOUTH</b> <b>ST PETERSBURG FL 33712</b></p>	<p><b>D</b> Employer identification number <b>65-0523539</b></p> <p><b>E</b> Telephone number <b>727-825-0442</b></p> <p><b>G</b> Gross receipts \$ <b>2,039,341</b></p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                  If "No," attach a list. See instructions</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p><b>J</b> Website: ▶ <b>www.daystarlife.com</b></p>		
<p><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
<p><b>L</b> Year of formation: <b>1982</b></p>		<p><b>M</b> State of legal domicile: <b>FL</b></p>

**Part I Summary**

<b>Activities &amp; Governance</b>	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>Provides critical support services for low-income families, elderly and disabled to promote stability, self-reliance &amp; dignity.</b></p> <p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p> <p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) <span style="float: right;"><b>3</b> <b>14</b></span></p> <p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <span style="float: right;"><b>4</b> <b>14</b></span></p> <p><b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) <span style="float: right;"><b>5</b> <b>7</b></span></p> <p><b>6</b> Total number of volunteers (estimate if necessary) <span style="float: right;"><b>6</b> <b>200</b></span></p> <p><b>7a</b> Total unrelated business revenue from Part VII, column (C), line 1 <span style="float: right;"><b>7a</b> <b>0</b></span></p> <p><b>7b</b> Net unrelated business taxable income from Form 990-L, Part III, line 11 <span style="float: right;"><b>7b</b> <b>0</b></span></p>																									
<b>Revenue</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h)</td> <td align="right"><b>2,044,033</b></td> <td align="right"><b>1,705,947</b></td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g)</td> <td align="right"><b>0</b></td> <td align="right"><b>0</b></td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right"><b>12,918</b></td> <td align="right"><b>84,844</b></td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right"><b>-5,464</b></td> <td align="right"><b>-127</b></td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right"><b>2,051,487</b></td> <td align="right"><b>1,790,664</b></td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,044,033</b>	<b>1,705,947</b>	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0</b>	<b>0</b>	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>12,918</b>	<b>84,844</b>	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-5,464</b>	<b>-127</b>	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,051,487</b>	<b>1,790,664</b>						
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<b>Expenses</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td align="right"><b>1,226,917</b></td> <td align="right"><b>1,184,586</b></td> </tr> <tr> <td><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)</td> <td align="right"><b>0</b></td> <td align="right"><b>0</b></td> </tr> <tr> <td><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td align="right"><b>347,568</b></td> <td align="right"><b>342,461</b></td> </tr> <tr> <td><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)</td> <td align="right"><b>0</b></td> <td align="right"><b>0</b></td> </tr> <tr> <td><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>48,205</b></td> <td align="right"><b>347,568</b></td> <td align="right"><b>342,461</b></td> </tr> <tr> <td><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td align="right"><b>233,514</b></td> <td align="right"><b>244,622</b></td> </tr> <tr> <td><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td align="right"><b>1,807,999</b></td> <td align="right"><b>1,771,669</b></td> </tr> <tr> <td><b>19</b> Revenue less expenses. Subtract line 18 from line 12</td> <td align="right"><b>243,488</b></td> <td align="right"><b>18,995</b></td> </tr> </tbody> </table>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,226,917</b>	<b>1,184,586</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>	<b>0</b>	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>347,568</b>	<b>342,461</b>	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>48,205</b>	<b>347,568</b>	<b>342,461</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>233,514</b>	<b>244,622</b>	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,807,999</b>	<b>1,771,669</b>	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>243,488</b>	<b>18,995</b>
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<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>1,807,999</b>	<b>1,771,669</b>																								
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>243,488</b>	<b>18,995</b>																								
<b>Net Assets or Fund Balances</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Beginning of Current Year</th> <th>End of Year</th> </tr> </thead> <tbody> <tr> <td><b>20</b> Total assets (Part X, line 16)</td> <td align="right"><b>4,645,772</b></td> <td align="right"><b>4,818,525</b></td> </tr> <tr> <td><b>21</b> Total liabilities (Part X, line 26)</td> <td align="right"><b>59,302</b></td> <td align="right"><b>89,174</b></td> </tr> <tr> <td><b>22</b> Net assets or fund balances. Subtract line 21 from line 20</td> <td align="right"><b>4,586,470</b></td> <td align="right"><b>4,729,351</b></td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b> Total assets (Part X, line 16)	<b>4,645,772</b>	<b>4,818,525</b>	<b>21</b> Total liabilities (Part X, line 26)	<b>59,302</b>	<b>89,174</b>	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>4,586,470</b>	<b>4,729,351</b>												
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**Part 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.

<b>Sign Here</b>	<p>Signature of officer <b>Jane Trocheck Walker</b></p> <p>Type or print name and title <b>EXECUTIVE DIRECTOR</b></p>	<p>Date</p>
<b>Paid Preparer Use Only</b>	<p>Print/Type preparer's name <b>ROBERT M. MELBY, CPA</b></p> <p>Firm's name ▶ <b>MELBY &amp; ASSOCIATES, P.A., CPA'S</b></p> <p>Firm's address ▶ <b>6420 Central Avenue</b> <b>Saint Petersburg, FL 33707</b></p>	<p>Preparer's signature <b>ROBERT M. MELBY, CPA</b></p> <p>Date <b>04/28/22</b></p> <p>Check <input type="checkbox"/> if PTIN self-employed <input checked="" type="checkbox"/> <b>P00356203</b></p> <p>Firm's EIN ▶ <b>46-1110900</b></p> <p>Phone no. <b>727-327-7771</b></p>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 870,281 including grants of \$ 612,449 ) (Revenue \$ )

Through donations and volunteers Daystar distributed 38,990 bags of food to hungry individuals and families. These bags included fresh fruits and vegetables, meats, dairy products, canned goods, and bakery items for nutritious and sustainable meals. Daystar continues to partner with Neighborly Care Network to provide supplemental food to low-income seniors participating at several congregate dining sites around Pinellas County.

6,522 individuals received personal hygiene items to include soap, shampoo, razors, toothpaste, toilet paper, diapers, socks, underwear, and laundry detergent to maintain their dignity and health.

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4b (Code: ) (Expenses \$ 643,208 including grants of \$ 452,649 ) (Revenue \$ )

Daystar helped 2,512 households avoid evictions and remain safely in their homes through assistance with past due rent/mortgage, electric bills, water bills, and natural gas bills. Clients served by Daystar are on a fixed income and/or receive below livable wages. Any emergency or spike in utility usage can create an inability to pay crucial bills. Many landlords will evict tenants if they do not have utility service.

4c (Code: ) (Expenses \$ 169,791 including grants of \$ 119,488 ) (Revenue \$ )

8,505 articles of clothing and household goods were distributed to clients for job interviews, protection in inclement weather, to attend church and funerals, or to replace clothing that has been lost, damaged or no longer fits.

Daystar volunteers assisted 1,299 individuals in obtaining vital documents such as their Florida identification and/or birth certificates. These vital documents are required for employment, personal banking, disability benefits, accessing shelters and utilizing social services. Volunteers work with clients to ensure they have correctly completed their birth certificate forms, make copies of their required back-up documentation, research alternative documents if essential ones were lost; write letters.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,683,280

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 10-11 and 12. 'X' marks indicate 'Yes' answers.

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>	<b>X</b>	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor. <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>X</b>	

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

		Yes	No
<b>2a</b>	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		7
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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)?		<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		7d
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	<b>X</b>

**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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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>1a</b> 14		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 14		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>8a</b>			
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>11a</b>			
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12b</b>			
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		<b>X</b>
<b>15b</b>			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16a</b>			
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶

**JANE TROCHECK WALKER**  
**ST PETERSBURG**

**1055 28th Street South**

**FL 33712**

**727-825-0442**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jane Trocheck Walker	50.00									
EXECUTIVE DIRECTOR	0.00			X			1187	0	0	
(2) Jay K. Ghosh	15.00									
President	0.00	X		X			0	0	0	
(3) Deacon Michael Menchen	3.00									
Vice President	0.00	X		X			0	0	0	
(4) Judy Wilson	10.00									
Treasurer	0.00	X		X			0	0	0	
(5) Dr. Christine Larsen	3.00									
Recording Secretary	0.00	X		X			0	0	0	
(6) Dr. Jacquelyn Dawson	3.00									
Corresponding Secr.	0.00	X		X			0	0	0	
(7) Father Damian Amantia	1.00									
Director	0.00	X					0	0	0	
(8) Carl Brody	1.00									
Director	0.00	X					0	0	0	
(9) Dr. Loretta Caldwell Thompson	1.00									
Director	0.00	X					0	0	0	
(10) James Garrity	5.00									
Director	0.00	X					0	0	0	
(11) Sister Marita Flynn	1.00									
Director	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Dr. John Fox</b>	1.00									
<b>Director</b>	0.00	X					0	0	0	
(13) <b>Linda Lerner</b>	3.00									
<b>Director</b>	0.00	X					0	0	0	
(14) <b>Kevin Milkey</b>	1.00									
<b>Director</b>	0.00	X					0	0	0	
(15) <b>George W Monlux, Jr., MD</b>	1.00									
<b>Director</b>	0.00	X					0	0	0	
<b>Client Copy</b>										
<b>1b Subtotal</b>							<b>71,187</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>71,187</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 0**

- 3** Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		<b>X</b>
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>150,458</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>116,581</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>1,438,908</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 609,787</b>				
	<b>h Total.</b> Add lines 1a-1f		<b>1,705,947</b>				
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		<b>23,914</b>			<b>23,914</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
			<b>b</b> Less: rental expenses	<b>6b</b>			
			<b>c</b> Rental inc. or (loss)	<b>6c</b>			
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	<b>307,718</b>			
			(ii) Other				
			<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	<b>246,788</b>		
			<b>c</b> Gain or (loss)	<b>7c</b>	<b>60,930</b>		
	<b>d</b> Net gain or (loss)		<b>60,930</b>	<b>60,930</b>			
	<b>8a</b> Gross income from fundraising events (not including \$ 150,458 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>					
			<b>b</b> Less: direct expenses	<b>8b</b>	<b>1,889</b>		
<b>c</b> Net income or (loss) from fundraising events				<b>-1,889</b>			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>b</b> Less: cost of goods sold	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	<b>11a</b> OTHER INCOME	Business Code	<b>1,762</b>	<b>1,762</b>			
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d		<b>1,762</b>				
<b>12 Total revenue.</b> See instructions		<b>1,790,664</b>	<b>62,692</b>	<b>0</b>	<b>23,914</b>		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
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	<b>1,184,586</b>	<b>1,184,586</b>		
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	<b>259,169</b>	<b>233,955</b>	<b>13,575</b>	<b>11,639</b>
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>18,426</b>	<b>16,790</b>	<b>1,282</b>	<b>354</b>
9 Other employee benefits	<b>46,069</b>	<b>41,234</b>	<b>1,697</b>	<b>3,138</b>
10 Payroll taxes	<b>18,797</b>	<b>17,052</b>	<b>902</b>	<b>843</b>
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	<b>10,200</b>		<b>10,200</b>	
d Lobbying				
e Professional fundraising services. See Part IV, line 4				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	<b>30,246</b>	<b>6,840</b>	<b>1,836</b>	<b>21,570</b>
12 Advertising and promotion				
13 Office expenses	<b>19,351</b>	<b>10,991</b>	<b>640</b>	<b>7,720</b>
14 Information technology				
15 Royalties				
16 Occupancy	<b>55,422</b>	<b>53,440</b>	<b>1,982</b>	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	<b>101,532</b>	<b>96,455</b>	<b>5,077</b>	
23 Insurance	<b>12,620</b>	<b>11,989</b>	<b>631</b>	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>VEHICLE EXPENSE</b>	<b>5,662</b>	<b>5,661</b>		<b>1</b>
b <b>BANK CHARGES</b>	<b>2,940</b>			<b>2,940</b>
c <b>Miscellaneous</b>	<b>2,668</b>	<b>306</b>	<b>2,362</b>	
d <b>DUES &amp; SUBSCRIPTIONS</b>	<b>2,138</b>	<b>2,138</b>		
e All other expenses	<b>1,843</b>	<b>1,843</b>		
25 <b>Total functional expenses.</b> Add lines 1 through 24e	<b>1,771,669</b>	<b>1,683,280</b>	<b>40,184</b>	<b>48,205</b>
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>86,592</b>	<b>1</b>	<b>51,224</b>
	<b>2</b> Savings and temporary cash investments	<b>743,272</b>	<b>2</b>	<b>625,489</b>
	<b>3</b> Pledges and grants receivable, net	<b>66,192</b>	<b>3</b>	<b>44,155</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>764</b>	<b>9</b>	<b>1,963</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>3,209,888</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>266,027</b>	<b>2,962,977</b>	<b>10c</b> <b>2,943,861</b>
	<b>11</b> Investments—publicly traded securities	<b>140,538</b>	<b>11</b>	<b>259,244</b>
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>645,437</b>	<b>15</b>	<b>892,589</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>4,645,772</b>	<b>16</b>	<b>4,818,525</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>59,302</b>	<b>17</b>	<b>82,174</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	<b>7,000</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>59,302</b>	<b>26</b>	<b>89,174</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>4,493,371</b>	<b>27</b>	<b>4,663,008</b>
	<b>28</b> Net assets with donor restrictions	<b>93,099</b>	<b>28</b>	<b>66,343</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32 Total net assets or fund balances</b>	<b>4,586,470</b>	<b>32</b>	<b>4,729,351</b>
<b>33 Total liabilities and net assets/fund balances</b>	<b>4,645,772</b>	<b>33</b>	<b>4,818,525</b>	

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,790,664</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,771,669</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>18,995</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,586,470</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>123,886</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,729,351</b>

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
 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? \_\_\_\_\_  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
 If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

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**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

**DAYSTAR LIFE CENTER, INC.**

Employer identification number

**65-0523539**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,556,603	2,909,511	1,408,201	2,044,033	1,705,947	9,624,295
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	1,556,603	2,909,511	1,408,201	2,044,033	1,705,947	9,624,295
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)						
6 <b>Public support.</b> Subtract line 5 from line 4						9,624,295

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1,556,603	2,909,511	1,408,201	2,044,033	1,705,947	9,624,295
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,226	3,907	44,109	12,643	23,914	100,793
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 <b>Total support.</b> Add lines 7 through 10						9,725,088
12 Gross receipts from related activities, etc. (see instructions)					12	7,909
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	98.96%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.13%
16a <b>33 1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organization(s), 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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? <i>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.</i>		
<b>b</b> Did the activities described in 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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 2 (or 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

DAYSTAR LIFE CENTER, INC.

Employer identification number

65-0523539

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number, acreage, and monitoring details.

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures and their associated revenue/assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
  - b** Scholarly research
  - c** Preservation for future generations
  - d** Loan or exchange program
  - e** Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....	835,209	102,957			
<b>b</b> Contributions .....	00,000	500,000	100,000		
<b>c</b> Net investment earnings, gains, and losses .....	165,822	33,134	2,957		
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....	8,442	882			
<b>g</b> End of year balance .....	892,589	635,209	102,957		

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ **73.00 %**
  - b** Permanent endowment ▶ **27.00 %**
  - c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No       |
|--|-----|----------|
| <b>(i)</b> Unrelated organizations ..... |     | <b>X</b> |
| <b>(ii)</b> Related organizations .....  |     | <b>X</b> |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		298,556		298,556
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....		5,931	2,570	3,361
<b>d</b> Equipment .....		9,816	9,816	
<b>e</b> Other .....		2,895,585	253,641	2,641,944
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶				2,943,861

**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 market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**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 value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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**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) <b>Endowment fund</b>	<b>892,589</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>892,589</b>

**Part X Other Liabilities.**

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. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,790,664
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,790,664
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,790,664

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,771,669
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,771,669
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,771,669

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**Part 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 XIII - Supplemental Financial Information**

The permanent endowment held by Community Foundation of Tampa Bay is intended for long-term growth and the declared distributions used as a revenue stream when the Board elects to receive them. The quasi-endowment held by the Pinellas Community Foundation is intended for long-term growth and used for program services as needed; the entire balance of the fund can be withdrawn at any time with a majority vote of the Board. As of the end of the fiscal year, no distributions or withdrawals have been taken.

**Part XIII** Supplemental Information *(continued)*

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**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**DAYSTAR LIFE CENTER, INC.**

Employer identification number

**65-0523539**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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.....

.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>PLAY FOR HUNGER</b> (event type)	<b>Garden Party</b> (event type)	<b>None</b> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	107,858	42,600		150,458
	2 Less: Contributions	107,858	42,600		150,458
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,825			1,825
	8 Entertainment				
	9 Other direct expenses	64			64
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,889
11 Net income summary. Subtract line 11 from line 3, column (c)				-1,889	

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**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain:



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**DAYSTAR LIFE CENTER, INC.**

Employer identification number

**65-0523539**

OMB No. 1545-0047

**2020**

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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2020) **DAYSTAR LIFE CENTER, INC.** 65-0523539

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 IDENTIFICATION COSTS	1299	6,227		COST	
2 FOOD SERVICES	10790		564,009	FMV/COST	FOOD
3 UTILITY ASSISTANCE	2192	311,456		COST	WATER VOUCHERS
4 RENT/MORTGAGE ASSISTANCE	320	141,193		COST	
5 BUS PASSES/TRAVELER'S AID	188	15,978		COST	
6 CLOTHING/ HOUSEHOLD GOODS	8505		91,047	FMV/COST	CLOTHING/GOODS
7 PERSONAL HYGIENE	6522		48,440	FMV/COST	PERSONAL HYGIEN

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

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Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

The organization maintains detailed records to determine the eligibility of each individual receiving assistance.

**Part IV - Additional Information**

All required information is recorded according to grant requirements.

Proper documentation is retained for specified number of recipients.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>1 OTHER PROGRAM COSTS</b>	<b>30</b>	<b>5,416</b>	<b>820</b>	<b>FMV/COST</b>	<b>Donated items</b>
2					
3					
4					
5					
6					
7					

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**DAYSTAR LIFE CENTER, INC.**

Employer identification number

**65-0523539**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	<b>X</b>		<b>87,915</b>	<b>fair value</b>
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	<b>X</b>	<b>694</b>	<b>482,497</b>	<b>fair value</b>
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (personal hygien)	<b>X</b>	<b>176</b>	<b>39,375</b>	<b>fair value</b>
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		<b>X</b>
31		<b>X</b>
32a		<b>X</b>

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

Name of the organization

**DAYSTAR LIFE CENTER, INC.**

Employer identification number

**65-0523539****Form 990 - Organization's Mission**

The mission of Daystar Life Center, Inc. is to fight hunger, poverty, and hopelessness by providing the necessities of life to our neighbors in need. We engage, educate, and empower the community by promoting the value of nutrition, good health, and financial literacy. Vision statement: No neighbor in need. Every neighbor has hope.

**Form 990, Part III - Additional Information****4c (continued)**

Through Daystar's Travelers Aid program, volunteers provided services to 96 individuals. Through this assistance, they were stabilized, reunited with family or close friends, and assisted with finding a safe place to stay during 2020 - 2021. Without this assistance, many of the individuals and families served by this program would remain or become homeless. Daystar provided daily mail service for 7,747 visits for individuals who are homeless, unstably housed, or fear mail theft at their residence. This service is vital for individuals applying for and/or receiving public benefits. Clients using this service receive their W2's, medical cards and correspondence, voter's registration cards, mail order medication and monthly disability checks. They also receive Holiday mail and birthday wishes from friends and family who are trying to keep in touch. 23 individuals received direct assistance with doctor and prescription co-pays to ensure their health needs were addressed in a timely manner. Individuals and families living on a fixed income often struggle with buying food or buying medication. This financial assistance eliminated the

Name of the organization

Employer identification number

**DAYSTAR LIFE CENTER, INC.****65-0523539**

anxiety that many are faced with when they're dealing with a medical issue. Volunteers provided 7,987 referrals to individuals and families in need of additional services to stabilize their current living situations. These referrals included access to food, clothing, shelter, affordable housing, mental health counseling, substance use treatment, childcare services, employment services, public benefits, and transportation. Daystar partners with many agencies in the community to assist clients in getting the services needed to become self-sufficient.

Daystar's is staffed with over 200 volunteers who provide more than 25,900 hours to critical operational, administrative and technical support. They perform virtually all tasks involved in greeting, assessing and assisting clients. Because of its number of volunteers, Daystar is able to devote 95% of its functional expenses to programs and only 5% to administration and fundraising. Daystar also receives hundreds of thousands of dollars of in-kind food, clothing, furniture and hygiene items. Total volunteer hours and in-kind goods represent more than half of Daystar's resources.

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**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

The Treasurer reviews Form 990 with the Finance Committee, and then with the entire Board of Directors prior to filing. The review and vote to approve are noted in the Board Minutes.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

The organization monitors compliance with its conflict of interest policy by being alert to any business transactions by staff or Board members and the organization. The Executive Committee evaluates such transactions for possible conflict and any necessary actions.

Name of the organization

Employer identification number

**DAYSTAR LIFE CENTER, INC.**

**65-0523539**

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

The Board of Directors reviews and approves the Executive Director's compensation annually based on its evaluation of market conditions, including the change in CPI for the year, the financial state of the organization, and the performance of the employee. The information is discussed and reviewed by the Executive Committee, then voted upon.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Copies of Daystar's most recent audit, Form 990, Conflict of Interest Policy, Disclosure Policy, and Whistle Blower Policy are available for inspection at the office. Copies are provided upon request.

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**DAYSTAR LIFE CENTER, INC.**

Employer identification number

**65-0523539**

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	<b>ST. MARY'S OUR LADY OF GRACE</b> 514 4TH STREET SOUTH ST. PETERSBURG FL 33701 59-0657330	<b>CHURCH</b>	<b>FL</b>	<b>501c3</b>	<b>1</b>	<b>DIocese OF</b>		<b>X</b>
(2)								
(3)								
(4)								
(5)								

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

(1)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)
								Disproportionate alloc.?	Yes		No	General or managing partner?	
(1)													
(2)													
(3)													
(4)													

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

(1)	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)				
									Share of total income	Share of end-of-year assets	Share of total income	Share of end-of-year assets	Section 512(b)(13) controlled entity?
(1)													
(2)													
(3)													
(4)													

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s)		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

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**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	<b>ST. MARY'S OUR LADY OF GRACE</b>	<b>c</b>		<b>CASH RECEIVED</b>
(2)				
(3)				
(4)				
(5)				
(6)				



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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														

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**Part VII**

**Supplemental Information.**

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

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Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

Name(s) shown on return

**DAYSTAR LIFE CENTER, INC.**

Identifying number

**65-0523539**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 4 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>101,532</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>101,532</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

DAA

There are no amounts for Page 2

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	METAL PANTRY SHELVING	3/27/06	1,361			1,361	10 MO S/L	1,361	0
7	2 EPSON 840 ASSET	6/01/11	458			458	7 MO S/L	458	0
11	2 LARGE TVS	1/31/12	998			998	5 MO S/L	998	0
16	37 " SAMSUNG MONITOR	5/10/12	428			428	5 MO S/L	428	0
17	3 DELL GX520 DT COMPUTERS	6/07/12	457			457	5 MO S/L	457	0
21	2 - 50" GLASS DISPLAY FREEZERS	3/14/13	6,161			6,161	5 MO S/L	6,161	0
25	MOTHERBD COMPUTER	8/08/14	1,044			1,044	5 MO S/L	1,044	0
26	PRINTER JANES OFC	1/16/15	188			188	5 MO S/L	188	0
28	WATER FNT RECEPT	12/21/05	850			850	5 MO S/L	765	85
	Sold/Scrapped: 8/31/21								
30	SINGLE DR COOLER	2/05/16	1,080			1,080	5 MO S/L	972	108
42	SIGN OVR DOOR	3/25/15	1,562			1,562	15 MO S/L	573	104
43	SIGN MONUMENT	5/01/15	4,369			4,369	15 MO S/L	1,602	291
47	CJEVY SUBURBAN 2500 VAN	5/18/04	17,778			17,778	10 MO S/L	17,778	0
52	Ford van E250, 2002	9/01/10	6,820			6,820	4 MO S/L	6,820	0
53	Land	4/13/17	290,808			290,808	0 -- Land	0	0
55	FURNITURE & EQUIPMENT- ACCT 312	3/10/08	6,858			6,858	7 MO S/L	6,858	0
56	Additional land cost	10/02/18	1,165			1,165	0 -- Land	0	0
57	Building at 1055 28th St S	5/01/19	2,309,741			2,309,741	39 MO S/L	78,979	59,225
58	Building roof	5/01/19	50,058			50,058	30 MO S/L	2,225	1,668
59	Air conditioners	5/01/19	44,688			44,688	15 MO S/L	3,972	2,979
60	Flooring	5/01/19	40,800			40,800	20 MO S/L	2,720	2,040
61	Pantry/closet fixtures	7/09/19	1,591			1,591	7 MO S/L	265	227
62	Phone system	3/31/19	25,707			25,707	7 MO S/L	5,203	3,672
63	Security system	5/09/19	26,573			26,573	7 MO S/L	5,061	3,797
64	Exterior signs	8/20/19	510			510	7 MO S/L	76	73
65	Garden and planters	5/5/19	1,829			1,829	7 MO S/L	348	262
66	New office furniture	4/22/19	29,885			29,885	7 MO S/L	5,792	4,212
67	Moving costs/ donated furniture	5/24/19	1,200			1,200	7 MO S/L	286	214
68	12 4-drawer file cabinets	5/24/19	9,600			9,600	7 MO S/L	1,771	1,372
69	Credenza	5/24/19	750			750	7 MO S/L	138	108
70	Ceiling mounted projector	5/24/19	750			750	7 MO S/L	138	108
71	Kitchen appliances	5/02/19	4,541			4,541	7 MO S/L	865	649
72	Walk-in cooler and freezer	5/23/19	29,953			29,953	15 MO S/L	2,663	1,996
73	4 top loading freezers	7/01/19	2,801			2,801	7 MO S/L	467	400
74	Pantry ladder, pallet truck, misc equip	7/01/19	4,081			4,081	7 MO S/L	680	583
75	Windows update	4/24/19	950			950	3 MO S/L	449	316
76	5 computers and network harddrive	7/24/19	4,848			4,848	5 MO S/L	1,131	970
77	4 Televisions	7/02/19	1,792			1,792	5 MO S/L	418	358
78	Window shades	5/01/19	5,126			5,126	7 MO S/L	976	733
79	Additional land costs	8/31/17	6,583			6,583	0 -- Land	0	0
80	2019 Isuzu refrig truck	5/07/20	82,819			82,819	10 MO S/L	2,761	8,282
81	Graphics on truck & vans	8/12/20	4,584			4,584	10 MO S/L	38	459
82	Daystar monument sign (moved)	10/09/19	2,769			2,769	15 MO S/L	169	185
83	Sign (back of building)	1/15/20	1,159			1,159	15 MO S/L	52	77
84	Lightbox sign	1/15/20	5,646			5,646	15 MO S/L	251	376
85	Gas meter installation	6/03/20	6,507			6,507	15 MO S/L	108	434
86	Solar panels	6/24/20	75,696			75,696	25 MO S/L	505	3,027
87	Access web applications	12/10/19	2,500			2,500	5 MO S/L	375	500
88	Dishwasher	2/17/21	1,774			1,774	7 MO S/L	0	127
89	Garden shed and workbench	2/17/21	3,525			3,525	7 MO S/L	0	252
90	Garden beds	7/26/21	1,886			1,886	7 MO S/L	0	22
91	Straddle stacker 63"	9/30/20	3,414			3,414	7 MO S/L	0	447
92	Shelving & racks for pantry	10/28/20	3,361			3,361	7 MO S/L	0	400
93	Sprinkler system	2/10/21	1,900			1,900	15 MO S/L	0	74
94	Well and pump	7/30/21	2,900			2,900	15 MO S/L	0	16
95	Lobby sign	7/26/21	1,172			1,172	15 MO S/L	0	7
96	Generator	7/26/21	53,534			53,534	15 MO S/L	0	297
97	Electrical work - gardens	8/27/21	600			600	15 MO S/L	0	0
98	Electrical work - programs	8/27/21	5,850			5,850	15 MO S/L	0	0
99	Irrigation system for gardens	8/31/21	2,500			2,500	15 MO S/L	0	0
	<b>Total Other Depreciation</b>		<u>3,210,738</u>			<u>3,210,738</u>		<u>165,345</u>	<u>101,532</u>
	<b>Total ACRS and Other Depreciation</b>		<u>3,210,738</u>			<u>3,210,738</u>		<u>165,345</u>	<u>101,532</u>

Client Copy

**Federal Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Grand Totals</b>		3,210,738		3,210,738		165,345	101,532
	<b>Less: Dispositions and Transfers</b>		850		850		765	85
	<b>Less: Start-up/Org Expense</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>3,209,888</u>		<u>3,209,888</u>		<u>164,580</u>	<u>101,447</u>

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**AMT Asset Report**

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
<b>Other Depreciation:</b>												
1	METAL PANTRY SHELVING	3/27/06	0					0	0	HY	0	0
7	2 EPSON 840 ASSET	6/01/11	0					0	0	HY	0	0
11	2 LARGE TVS	1/31/12	0					0	0	HY	0	0
16	37 " SAMSUNG MONITOR	5/10/12	0					0	0	HY	0	0
17	3 DELL GX520 DT COMPUTERS	6/07/12	0					0	0	HY	0	0
21	2 - 50" GLASS DISPLAY FREEZERS	3/14/13	0					0	0	HY	0	0
25	MOTHERBD COMPUTER	8/08/14	0					0	0	HY	0	0
26	PRINTER JANES OFC	1/16/15	0					0	0	HY	0	0
28	WATER FNT RECEPT	12/21/05	0					0	0	HY	0	0
	Sold/Scrapped: 8/31/21											
30	SINGLE DR COOLER	2/05/16	0					0	0	HY	0	0
42	SIGN OVR DOOR	3/25/15	0					0	0	HY	0	0
43	SIGN MONUMENT	5/01/15	0					0	0	HY	0	0
47	CJEVY SUBURBAN 2500 VAN	5/18/04	0					0	0	HY	0	0
52	Ford van E250, 2002	9/01/10	0					0	0	HY	0	0
53	Land	4/13/17	0					0	0	HY	0	0
55	FURNITURE & EQUIPMENT- ACCT 312	3/10/08	0					0	0	HY	0	0
56	Additional land cost	10/02/18	0					0	0	HY	0	0
57	Building at 1055 28th St S	5/01/19	0					0	0	HY	0	0
58	Building roof	5/01/19	0					0	0	HY	0	0
59	Air conditioners	5/01/19	0					0	0	HY	0	0
60	Flooring	5/01/19	0					0	0	HY	0	0
61	Pantry/closet fixtures	7/09/19	0					0	0	HY	0	0
62	Phone system	3/31/19	0					0	0	HY	0	0
63	Security system	5/09/19	0					0	0	HY	0	0
64	Exterior signs	8/20/19	0					0	0	HY	0	0
65	Garden and planters	5/5/19	0					0	0	HY	0	0
66	New office furniture	4/22/19	0					0	0	HY	0	0
67	Moving costs/ donated furniture	5/24/19	0					0	0	HY	0	0
68	12 4-drawer file cabinets	5/24/19	0					0	0	HY	0	0
69	Credenza	5/24/19	0					0	0	HY	0	0
70	Ceiling mounted projector	5/24/19	0					0	0	HY	0	0
71	Kitchen appliances	5/02/19	0					0	0	HY	0	0
72	Walk-in cooler and freezer	5/23/19	0					0	0	HY	0	0
73	4 top loading freezers	7/01/19	0					0	0	HY	0	0
74	Pantry ladder, pallet truck, misc equip	7/01/19	0					0	0	HY	0	0
75	Windows update	4/24/19	0					0	0	HY	0	0
76	5 computers and network harddrive	7/24/19	0					0	0	HY	0	0
77	4 Televisions	7/02/19	0					0	0	HY	0	0
78	Window shades	5/01/19	0					0	0	HY	0	0
79	Additional land costs	8/31/17	0					0	0	HY	0	0
80	2019 Isuzu refrig truck	5/07/20	0					0	0	HY	0	0
81	Graphics on truck & vans	8/12/20	0					0	0	HY	0	0
82	Daystar monument sign (moved)	10/09/19	0					0	0	HY	0	0
83	Sign (back of building)	1/15/20	0					0	0	HY	0	0
84	Lightbox sign	1/15/20	0					0	0	HY	0	0
85	Gas meter installation	6/03/20	0					0	0	HY	0	0
86	Solar panels	6/24/20	0					0	0	HY	0	0
87	Access web applications	12/10/19	0					0	0	HY	0	0
88	Dishwasher	2/17/21	0					0	0	HY	0	0
89	Garden shed and workbench	2/17/21	0					0	0	HY	0	0
90	Garden beds	7/26/21	0					0	0	HY	0	0
91	Straddle stacker 63"	9/30/20	0					0	0	HY	0	0
92	Shelving & racks for pantry	10/28/20	0					0	0	HY	0	0
93	Sprinkler system	2/10/21	0					0	0	HY	0	0
94	Well and pump	7/30/21	0					0	0	HY	0	0
95	Lobby sign	7/26/21	0					0	0	HY	0	0
96	Generator	7/26/21	0					0	0	HY	0	0
97	Electrical work - gardens	8/27/21	0					0	0	HY	0	0
98	Electrical work - programs	8/27/21	0					0	0	HY	0	0
99	Irrigation system for gardens	8/31/21	0					0	0	HY	0	0
	<b>Total Other Depreciation</b>		<u>0</u>					<u>0</u>			<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>					<u>0</u>			<u>0</u>	<u>0</u>

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# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	<b>Grand Totals</b>		0			0		0	0
	<b>Less: Dispositions and Transfers</b>		0			0		0	0
	<b>Net Grand Totals</b>		0			0		0	0

# Client Copy

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b>There are no assets that meet the criteria of this report</b>						

# Client Copy



Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	METAL PANTRY SHELVING	3/27/06	1,361	0	0
7	2 EPSON 840 ASSET	6/01/11	458	0	0
11	2 LARGE TVS	1/31/12	998	0	0
16	37 " SAMSUNG MONITOR	5/10/12	428	0	0
17	3 DELL GX520 DT COMPUTERS	6/07/12	457	0	0
21	2 - 50" GLASS DISPLAY FREEZERS	3/14/13	6,161	0	0
25	MOTHERBD COMPUTER	8/08/14	1,044	0	0
26	PRINTER JANES OFC	1/16/15	188	0	0
30	SINGLE DR COOLER	2/05/16	1,080	0	0
42	SIGN OVR DOOR	3/25/15	1,562	104	0
43	SIGN MONUMENT	5/01/15	4,369	292	0
47	CJEVY SUBURBAN 2500 VAN	5/18/04	17,778	0	0
52	Ford van E250, 2002	9/01/10	6,820	0	0
53	Land	4/13/17	290,808	0	0
55	FURNITURE & EQUIPMENT- ACCT 3120.02	3/10/08	6,858	0	0
56	Additional land cost	10/02/18	1,165	0	0
57	Building at 1055 28th St S	5/01/19	2,309,741	59,224	0
58	Building roof	5/01/19	50,058	1,669	0
59	Air conditioners	5/01/19	44,688	2,980	0
60	Flooring	5/01/19	40,800	2,040	0
61	Pantry/closet fixtures	7/09/19	1,591	228	0
62	Phone system	3/31/19	25,707	3,672	0
63	Security system	5/09/19	26,573	3,796	0
64	Exterior signs	8/20/19	510	73	0
65	Garden and planters	5/15/19	1,828	261	0
66	New office furniture	4/22/19	21,485	4,212	0
67	Moving costs/ donated furniture	5/1/19	500	214	0
68	12 4-drawer file cabinets	5/24/19	9,500	1,377	0
69	Credenza	5/24/19	750	107	0
70	Ceiling mounted projector	5/24/19	750	107	0
71	Kitchen appliances	5/02/19	4,541	648	0
72	Walk-in cooler and freezer	5/23/19	29,953	1,997	0
73	4 top loading freezers	7/01/19	2,801	400	0
74	Pantry ladder, pallet truck, misc equip	7/01/19	4,081	583	0
75	Windows update	4/24/19	950	185	0
76	5 computers and network harddrive	7/24/19	4,848	970	0
77	4 Televisions	7/02/19	1,792	359	0
78	Window shades	5/01/19	5,126	732	0
79	Additional land costs	8/31/17	6,583	0	0
80	2019 Isuzu refrig truck	5/07/20	82,819	8,281	0
81	Graphics on truck & vans	8/12/20	4,584	458	0
82	Daystar monument sign (moved)	10/09/19	2,769	184	0
83	Sign (back of building)	1/15/20	1,159	77	0
84	Lightbox sign	1/15/20	5,646	377	0
85	Gas meter installation	6/03/20	6,507	434	0
86	Solar panels	6/24/20	75,696	3,028	0
87	Access web applications	12/10/19	2,500	500	0
88	Dishwasher	2/17/21	1,774	253	0
89	Garden shed and workbench	2/17/21	3,525	503	0
90	Garden beds	7/26/21	1,886	270	0
91	Straddle stacker 63"	9/30/20	3,414	488	0
92	Shelving & racks for pantry	10/28/20	3,361	480	0
93	Sprinkler system	2/10/21	1,900	127	0
94	Well and pump	7/30/21	2,900	193	0
95	Lobby sign	7/26/21	1,172	78	0
96	Generator	7/26/21	53,534	3,569	0
97	Electrical work - gardens	8/27/21	600	40	0
98	Electrical work - programs	8/27/21	5,850	390	0
99	Irrigation system for gardens	8/31/21	2,500	167	0
<b>Total Other Depreciation</b>			<b>3,209,888</b>	<b>106,121</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>3,209,888</b>	<b>106,121</b>	<b>0</b>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Grand Totals</b>		<u>3,209,888</u>	<u>106,121</u>	<u>0</u>

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<b>Form 990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning <b>09/01/20</b> , ending <b>08/31/21</b>		

Name **DAYSTAR LIFE CENTER, INC.** Taxpayer Identification Number **65-0523539**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,942,638	1,589,366	-353,272
	2. Membership dues and assessments			
	3. Government contributions and grants	101,395	116,581	15,186
	4. Program service revenue			
	5. Investment income	12,643	23,914	11,271
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	275	60,930	60,655
	8. Net income or (loss) from fundraising events	-7,450	-1,889	5,561
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,986	1,762	-224
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>2,051,487</b>	<b>1,790,664</b>	<b>-260,823</b>
<b>Expenses</b>	13. Grants and similar amounts paid	1,226,917	1,184,586	-42,331
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	347,568	342,461	-5,107
	17. Professional fundraising fees			
	18. Other professional fees	37,163	40,446	3,283
	19. Occupancy, rent, utilities, and maintenance	60,398	55,422	-4,976
	20. Depreciation and Depletion	91,018	101,532	10,514
	21. Other expenses	44,935	47,222	2,287
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>1,807,999</b>	<b>1,771,669</b>	<b>-36,330</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>243,488</b>	<b>18,995</b>	<b>-224,493</b>
<b>Other Information</b>	24. Total exempt revenue	2,051,487	1,790,664	-260,823
	25. Total unrelated revenue			
	26. Total excludable revenue	14,904	86,606	71,702
	27. Total assets	4,645,772	4,818,525	172,753
	28. Total liabilities	59,302	89,174	29,872
	29. Retained earnings	4,586,470	4,729,351	142,881
	30. Number of voting members of governing body	12	14	
	31. Number of independent voting members of governing body	12	14	
32. Number of employees	6	7		
33. Number of volunteers	200	200		

**Form 990** | **Tax Return History** | **2020**

Name **DAYSTAR LIFE CENTER, INC.** Employer Identification Number **65-0523539**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	1,556,603	2,909,511	1,408,201	2,044,033	1,705,947	
Membership dues						
Program service revenue						
Capital gain or loss	-1,169		1,296,208	275	60,930	
Investment income	6,226	13,901	44,109	12,643	23,914	
Fundraising revenue (income/loss)	5,869	-12,461	-6,947	-7,450	-1,889	
Gaming revenue (income/loss)						
Other revenue	26,520	852	1,559	1,986	1,762	
<b>Total revenue</b>	<b>1,594,049</b>	<b>2,911,803</b>	<b>2,743,130</b>	<b>2,051,487</b>	<b>1,790,664</b>	
Grants and similar amounts paid	736,596	823,854	796,077	1,226,917	1,184,586	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	231,806	147,919	27,827	347,568	342,461	
Professional fees	31,796	44,871	69,000	37,163	40,446	
Occupancy costs	48,555	45,261	51,414	60,398	55,422	
Depreciation and depletion	40,551	38,224	36,109	91,018	101,532	
Other expenses	26,264	24,605	45,358	44,935	47,222	
<b>Total expenses</b>	<b>1,115,568</b>	<b>1,224,735</b>	<b>1,273,519</b>	<b>1,807,999</b>	<b>1,771,669</b>	
<b>Excess or (Deficit)</b>	<b>478,481</b>	<b>1,687,068</b>	<b>1,469,611</b>	<b>243,488</b>	<b>18,995</b>	
Total exempt revenue	1,594,049	2,911,803	2,743,130	2,051,487	1,790,664	
Total unrelated revenue						
Total excludable revenue	31,577	14,753	1,341,876	14,904	86,606	
Total Assets	1,151,458	2,960,963	4,343,291	4,645,772	4,818,525	
Total Liabilities	21,025	143,462	56,179	59,302	89,174	
Net Fund Balances	1,130,433	2,817,501	4,287,112	4,586,470	4,729,351	

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### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 23,914			14		
Total	<u>\$ 23,914</u>					

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**Federal Statements**

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Other Fees	\$ 30,246	\$ 6,840	\$ 1,836	\$ 21,570
Total	\$ 30,246	\$ 6,840	\$ 1,836	\$ 21,570

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
STAFF & VOLUNTEER DEVELOP LICENSES, FEES & TAXES	\$ 1,363 480	\$ 1,363 480	\$	\$
Total	\$ 1,843	\$ 1,843	\$ 0	\$ 0

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## Federal Statements

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

<u>Description</u>	<u>Amount</u>
Government Grants or Contributions	
Various	\$ 116,581
Various	482,497
Various	87,915
Various	39,375
Various	482,118
Various	114,800
MilkeyFamily Foundation	
Cash Contribution	100,000
Estate of Ellie McManus	
Cash Contribution	92,203
United Way Energy Neighbor	
Cash Contribution	40,000
PLAY FOR HUNGER	
Cash Contribution	107,858
Garden Party	
Cash Contribution	42,600
Total	\$ 1,705,947

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### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Total	\$ 23,914
	\$ 23,914

1175 DAYSTAR LIFE CENTER, INC.  
65-0523539  
FYE: 8/31/2021

4/28/2022 12:51 PM

## Federal Statements

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
OTHER INCOME	
PLAY FOR HUNGER	
ANNUAL BREAKFAST	
Garden Party	
Total	\$ 1,762

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**Federal Statements**

**PLAY FOR HUNGER**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Printing and postage	\$
Miscellaneous	<u>64</u>
Total	<u>\$ 64</u>

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**Federal Statements**

**ANNUAL BREAKFAST**

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
PRINTING & POSTAGE	\$
CREDIT CARD FEES	
MISC.	
Total	\$ <u><u>0</u></u>

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**DAYSTAR LIFE CENTER, INC.**

Financial Statements  
with  
Independent Auditors' Report

For the Years Ended August 31, 2021 and 2020

**DAYSTAR LIFE CENTER, INC.**

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August 31, 2021 and 2020

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## INDEPENDENT AUDITORS' REPORT

The Board of Directors  
Daystar Life Center, Inc.  
St. Petersburg, Florida

### Opinion

We have audited the accompanying financial statements of Daystar Life Center, Inc. (a nonprofit organization), which comprise the statement of financial position as of August 31, 2021, and the related statements of activities, functional expenses, changes in net assets, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Daystar Life Center, Inc. as of August 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Daystar Life Center, Inc. and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Daystar Life Center, Inc.'s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.



## **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedure include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Daystar Life Center, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Daystar Life Center, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

## **Report on Summarized Comparative Information**

We have previously audited Daystar Life Center, Inc.'s 2020 financial statements, and our report dated December 16, 2020, expressed an unmodified opinion on those audited financial statements. In our opinion, the summarized comparative information presented herein as of and for the year ended August 31, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*Melby & Associates, P.A., CPAs*

Melby & Associates, P.A., CPAs  
March 9, 2022

**DAYSTAR LIFE CENTER, INC.**

Statements of Financial Position

August 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>Assets</u>		
Cash	\$ 676,713	\$ 829,864
Pledges receivable	37,000	38,500
Grants and awards receivable	7,155	27,692
Prepaid expenses	<u>1,963</u>	<u>764</u>
Total current assets	722,831	896,820
Investments	259,244	140,538
Endowment investments	892,589	635,209
Land	298,556	298,556
Property and equipment, net of accumulated depreciation	2,645,304	2,664,418
Deposit on fixed asset	<u>-</u>	<u>10,231</u>
Total assets	<u><u>\$ 4,818,524</u></u>	<u><u>\$ 4,645,772</u></u>
<u>Liabilities and Net Assets</u>		
Liabilities		
Accounts payable and accrued expenses	\$ 82,173	\$ 59,302
Deferred revenue	<u>7,000</u>	<u>-</u>
Total current liabilities	89,173	59,302
Net Assets		
Without donor restrictions	3,820,419	3,883,162
Without donor restrictions - board designated endowments	<u>842,589</u>	<u>610,209</u>
Total net assets without donor restrictions	4,663,008	4,493,371
With donor restrictions	<u>66,343</u>	<u>93,099</u>
Total net assets	<u>4,729,351</u>	<u>4,586,470</u>
Total liabilities and net assets	<u><u>\$ 4,818,524</u></u>	<u><u>\$ 4,645,772</u></u>

See accompanying notes to financial statements.

**DAYSTAR LIFE CENTER, INC.**

Statement of Activities

Year Ended August 31, 2021  
(with comparative total for 2020)

	Without Donor Restrictions	With Donor Restrictions	2021 Total	2020 Total
Support and Revenue				
Contributions and bequests	\$ 646,446	\$ 27,875	\$ 674,321	\$ 813,617
In-kind contributions	610,087	-	610,087	752,462
Fundraising events	150,458	-	150,458	125,270
Grants and awards	216,881	54,500	271,381	353,449
Interest and investment income	23,914	-	23,914	12,643
Realized and unrealized gain on investments	42,132	-	42,132	23,617
Unrealized gain on endowment funds	142,684	-	142,684	32,252
Gain on disposal of fixed assets	-	-	-	275
Other income	1,762	-	1,762	1,986
Donated services	210,117	-	210,117	145,672
Donated use of facilities	-	-	-	40,430
Total support and revenue	2,044,481	82,375	2,126,856	2,301,673
Net assets released from restrictions	90,243	(90,243)	-	-
Total support, revenue, and assets released from restrictions	2,134,724	(7,868)	2,126,856	2,301,673
Operating Expenses				
Program services	1,882,773	-	1,882,773	1,896,755
Management and general	44,484	-	44,484	33,175
Fundraising	56,718	-	56,718	72,386
Total expenses	1,983,975	-	1,983,975	2,002,316
Increase (decrease) in net assets	150,749	(7,868)	142,881	299,357
Transfer for purchase of capital assets	18,888	(18,888)	-	-
Net assets at beginning of year	4,493,371	93,099	4,586,470	4,287,113
Net assets at end of year	\$ 4,663,008	\$ 66,343	\$ 4,729,351	\$ 4,586,470

See accompanying notes to financial statements.



**DAYSTAR LIFE CENTER, INC.**

Statement of Functional Expenses

Year Ended August 31, 2021  
(with comparative total for 2020)

	Program Services	Management and General	Fundraising	2021 Total	2020 Total
Salaries and related expenses	\$ 292,241	\$ 17,650	\$ 29,454	\$ 339,345	\$ 331,795
Pension expense	16,790	1,282	354	18,426	17,329
Bus passes	3	-	-	3	7,699
Clothing	2,201	-	-	2,201	2,860
Clothing - in-kind	54,425	-	-	54,425	53,741
Depreciation	96,454	5,076	-	101,530	91,018
Development	-	-	7,736	7,736	18,268
Education and training	1,363	-	-	1,363	1,688
Education and training - clients	74	-	-	74	65
Food	81,512	-	-	81,512	111,193
Food - in-kind	482,497	-	-	482,497	634,685
Fundraising	-	-	10,740	10,740	12,951
Furniture and supplies - in-kind	-	-	608	608	-
Insurance	11,989	631	-	12,620	14,151
Household items	931	-	-	931	931
Household items - in-kind	33,490	-	-	33,490	30,446
Maintenance and property upkeep	20,322	345	-	20,667	19,039
Medical - client	4,818	-	-	4,818	1,923
Miscellaneous	2,925	2,363	32	5,320	4,785
Other client services	234	-	-	234	296
Personal hygiene	10,493	-	-	10,493	8,311
Personal hygiene - in-kind	37,947	-	-	37,947	31,124
Personal identification	6,227	-	-	6,227	13,755
Postage	115	67	1,169	1,351	1,622
Professional services	6,840	10,560	-	17,400	17,339
Professional services - in-kind	199,193	4,300	6,624	210,117	145,672
Rent	2,016	-	-	2,016	2,780
Rent - in-kind	-	-	-	-	40,430
Rent and mortgage assistance	141,193	-	-	141,193	92,319
Supplies	10,876	573	-	11,449	11,641
Supplies - in-kind	1,120	-	-	1,120	2,465
Traveler's aid	15,975	-	-	15,975	26,128
Utilities - client	311,456	-	-	311,456	209,491
Utilities	31,102	1,637	-	32,739	38,579
Vehicle expense - client	290	-	-	290	250
Vehicle expense	5,661	-	1	5,662	5,547
Total	<u>\$1,882,773</u>	<u>\$ 44,484</u>	<u>\$ 56,718</u>	<u>\$1,983,975</u>	<u>\$ 2,002,316</u>

See accompanying notes to financial statements.

**DAYSTAR LIFE CENTER, INC.**

Statements of Changes in Net Assets

Years Ended August 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Net assets without donor restrictions:		
Unrestricted operating support and revenue	\$ 2,044,481	\$ 2,214,170
Unrestricted operating expenses	(1,983,975)	(2,002,316)
Net assets released from restrictions	90,243	85,109
Transfer for purchase of capital assets	<u>18,888</u>	<u>16,738</u>
Increase in net assets without donor restrictions	<u>169,637</u>	<u>313,701</u>
Net assets with donor restrictions:		
Grant allocation	54,500	73,048
Contributions	27,875	14,455
Net assets released from restrictions	(90,243)	(85,109)
Transfer for purchase of capital assets	<u>(18,888)</u>	<u>(16,738)</u>
(Decrease) in net assets with donor restrictions	<u>(26,756)</u>	<u>(14,344)</u>
Increase in net assets	142,881	299,357
Net assets at beginning of year	<u>4,586,470</u>	<u>4,287,113</u>
Net assets at end of year	<u><u>\$ 4,729,351</u></u>	<u><u>\$ 4,586,470</u></u>

See accompanying notes to financial statements.

**DAYSTAR LIFE CENTER, INC.**

Statements of Cash Flows

Years Ended August 31, 2021 and 2020

	2021	2020
Cash flows from operating activities		
Change in net assets	\$ 142,881	\$ 299,357
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities		
Depreciation	101,530	91,018
Unrealized gains on investments and endowment funds	(191,578)	(55,869)
Donation of investments	(104,012)	(5,321)
Decrease in pledges receivable	1,500	34,500
Decrease in grants and awards receivables	20,537	2,308
(Increase) decrease in prepaid expenses	(1,199)	565
Increase in accounts payable and accrued expenses	22,871	3,124
Increase in deferred revenue	7,000	-
Contributions restricted for capital acquisitions	(23,887)	(169,000)
Net cash (used in) provided by operating activities	(24,357)	200,682
Cash flows from investing activities		
Redemption of certificates of deposit	-	53,223
Proceeds from sale of investments	307,718	-
Purchase of investments	(276,033)	-
Investment income reinvested	(12,181)	(2,721)
Deposit on capital asset	-	(10,231)
Purchase of capital assets	(72,185)	(180,048)
Net cash (used in) investing activities	(52,681)	(139,777)
Cash flows from financing activities		
Contributions restricted for capital acquisitions	23,887	169,000
Purchase of endowment investment	(100,000)	(500,000)
Net cash (used in) financing activities	(76,113)	(331,000)
Net (decrease) in cash and cash equivalents	(153,151)	(270,095)
Cash at beginning of year	829,864	1,099,959
Cash at end of year	\$ 676,713	\$ 829,864
Supplemental information on non-cash transactions:		
Donation of investments	\$ 104,012	\$ 5,321

See accompanying notes to financial statements.

# DAYSTAR LIFE CENTER, INC.

## Notes to Financial Statements

Years Ended August 31, 2021 and 2020

### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Center and Purpose

Daystar Life Center, Inc., (the Center) was founded in August 1982 and incorporated in August 1992, as a Florida not-for-profit corporation. The Center operates primarily to provide financial assistance and other non-financial basic needs services to families and individuals who demonstrate need. The Center provides qualifying clients with rent, utility, personal identification, medical prescription, transportation, traveler's aid, food, clothing, client mail services, tax preparation assistance, advocacy, information referrals and other reasonable requests. Key to the Center's success is the amount of donated services by individuals performing interviewing and other services on a volunteer basis.

#### Basis of Accounting

The financial statements of Daystar Life Center, Inc. have been prepared in accordance with U.S. generally accepted accounting principles (US GAAP), which require Daystar Life Center, Inc. to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions – Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objective of the Center. These net assets may be used at the discretion of the Center's management and the board of directors.

Net assets with donor restrictions – Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Center or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as an increase in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statement of activities.

#### Cash Equivalents

For the purposes of reporting cash flows, the Center considers all liquid investments in money market and savings accounts with maturities of three months or less to be cash equivalents.

#### Investments and Fair Value

Investments consist of donated stocks and mutual funds and are carried at their fair values in the statement of financial position in accordance with current accounting literature. Donations of investments are recorded as contributions at their estimated fair value at the date of donation. Gains and losses on market value adjustments are recognized as the market fluctuates and recorded in the statement of activities. Investment earnings are recorded net of investment expenses. Investment income that is restricted by the donor is reported as an increase in net assets without donor restrictions if the restrictions expire or are otherwise satisfied in the fiscal year in which the investment income is recognized.

# DAYSTAR LIFE CENTER, INC.

## Notes to Financial Statements

### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### Investments and Fair Value (continued)

The Center defines fair value in accordance with accounting principles generally accepted in the United States of America, which specify a hierarchy of valuation techniques. The disclosure of fair value estimates in the hierarchy is based on whether the significant inputs into the valuation are observable. In determining the level of hierarchy in which the estimate is disclosed, the highest priority is given to unadjusted quoted prices in active markets and the lowest priority to unobservable inputs that reflect the Center's significant market assumptions.

The Center measures investments at fair value on a recurring basis. The following is a brief description of the type of valuation information (inputs) that qualifies a financial asset for each level:

Level 1 – Unadjusted quoted market prices for identical assets in active markets which are accessible by the Center.

Level 2 – Observable prices in active markets for similar assets or liabilities. Prices for identical or similar assets or liabilities in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.

Level 3 – Unobservable inputs based on the Center's own judgment as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

The Center evaluates the various types of financial assets to determine the appropriate fair value hierarchy based upon trading activity and the observability of market inputs.

#### Property and Equipment

Property and equipment are stated at cost if purchased or at estimated fair market value at date of receipt if acquired by gift, less accumulated depreciation. Depreciation is calculated using the straight-line method over the estimated useful lives of the related assets, which range from three to thirty-nine years. Expenditures with a cost in excess of \$750 and with an estimated useful life in excess of one year are capitalized.

#### Impairment of Long-Lived Assets

The Center evaluates the recoverability of its long-lived assets whenever adverse events or changes in the business climate indicate that the expected undiscounted future cash flows from the related asset may be less than previously anticipated. If the net book value of the related assets exceeds the undiscounted future cash flows of the asset, the carrying amount would be reduced to the present value of its expected future cash flows and an impairment loss would be recognized. Management has determined that there is no indication that any long-lived assets are impaired at August 31, 2021 or 2020.

#### In-kind Contributions

Donations of food, clothing, personal hygiene products, and household goods are not recognized as revenue until the time of distribution, which is generally within a few days of the date of receipt. As a result, the Center does not record such gifts as inventory.

# DAYSTAR LIFE CENTER, INC.

## Notes to Financial Statements

### NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

#### Contributions

All contributions are available for unrestricted use unless specifically restricted by the donor. Contributions that are restricted by the donor are reported as an increase in net assets without donor restrictions if the restriction expires or are otherwise satisfied in the fiscal year in which the contributions are recognized. All other donor restricted contributions are reported as an increase in net assets with donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

#### Donated Services

The Center receives a significant amount of donated services from unpaid volunteers who assist in interviewing, general operations, fundraising and other special projects. However, these services do not require specialized skills as defined in the standards and are not recorded in the accompanying financial statements. Volunteers have contributed approximately 25,900 hours. If the criteria for recognition were met, approximately \$595,000 of additional contributions and program service expenses would be recognized in the statement of activities for the year ended August 31, 2021.

#### Income Taxes

The Center is exempt from U.S. Federal income tax under Section 501(c)(3) of the Internal Revenue Code and has been determined not to be a private foundation.

#### Functional Allocation of Expenses

The costs of providing the various programs and other activities have been reported on a functional basis in the statements of activities and functional expenses. Expenses that can be identified with a specific program or support service are charged directly to the function. Certain other costs have been allocated among program and supporting services benefited. Such allocations are determined by management on an equitable basis that is consistently applied. The expenses that are allocated include the following:

<u>Expense</u>	<u>Method</u>
Salaries and fringe benefits	Time and effort
Depreciation, building maintenance, rent	95% program, 5% administrative & general
Insurance, property taxes, and utilities	95% program, 5% administrative & general
Computer support and security	95% program, 5% administrative & general
Supplies	95% program, 5% administrative & general

Fundraising expense for 2021 includes approximately \$13,800 for a marketing manager to develop materials to promote the mission of the Center, design materials for fundraising events, and actively manage social media accounts.

#### Reclassifications

Certain reclassifications have been made to the 2020 financial statements to be in conformity with the 2021 presentation.

# DAYSTAR LIFE CENTER, INC.

## Notes to Financial Statements

### NOTE 1 - SUMMARY OF SIGNIFICANT ACCCOUNTING POLICIES (CONTINUED)

#### Recent Accounting Pronouncements

In February 2016, FASB issued ASU 2016-02, *Leases*, to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and disclosing key information about the leasing arrangements. The standard is effective for nonpublic companies for fiscal years beginning after December 15, 2021. The Center is currently evaluating the impact adopting this guidance will have on its financial statements.

#### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### NOTE 2 - CONCENTRATION OF RISK

Financial instruments that potentially subject the Center to concentrations of credit risk consist primarily of cash. The Federal Deposit Insurance Corporation (FDIC) currently insures bank deposit accounts up to \$250,000 per depositor. As of August 31, 2021, the Center had no cash balances that exceeded the insurance coverage provided by the FDIC. As of August 31, 2021, the Center had \$515,278 of funds in the Diocesan Savings and Loan Bank which is self-insured by the Diocese of St. Petersburg but not by FDIC.

### NOTE 3 – AVAILABILITY AND LIQUIDITY

The following represents Daystar Life Center, Inc.'s financial assets available to meet general expenditures over the next 12 months as of August 31, 2021 and 2020:

Financial assets at year-end:	<u>2021</u>	<u>2020</u>
Cash	\$676,713	\$ 829,864
Grants and awards receivable	7,155	27,692
Pledges receivable	37,000	38,500
Investments	<u>259,244</u>	<u>140,538</u>
Total financial assets	980,112	1,036,594
Less amounts not available to be used within one year:		
Funds subject to time and purpose restrictions	<u>(66,343)</u>	<u>(93,099)</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$913,769</u>	<u>\$ 943,495</u>

Daystar Life Center, Inc.'s goal is generally to maintain financial assets to meet six months of operating expenses (approximately \$530,000). As part of its liquidity plan, excess cash is invested in money market accounts and certificates of deposit.

### NOTE 4 – PLEDGES RECEIVABLE

As of August 31, 2021, the Center had capital campaign pledges receivable in the amount of \$37,000 which are due in 2022.

## DAYSTAR LIFE CENTER, INC.

### Notes to Financial Statements

#### NOTE 5 - GRANTS AND AWARDS RECEIVABLE

Grants and awards receivable consist of the following at August 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Pinellas County	\$6,954	\$ 5,200
City of St. Petersburg	201	6,968
Emergency Food & Shelter Program	<u>-</u>	<u>15,524</u>
	<u>\$7,155</u>	<u>\$27,692</u>

#### NOTE 6 - INVESTMENTS

Investments consist of the following at August 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Stocks and mutual funds	<u>\$259,244</u>	<u>\$140,538</u>

The Center records all investments at fair market value, and they are classified as level 1 in the fair value hierarchy. Investment earnings during 2021 consist of the change in net unrealized gains (losses) of \$(26,731), net realized gains of \$68,949 and interest/dividend income of \$4,161. Investment earnings during 2020 consist of the change in net unrealized gains of \$23,617 and interest/dividend income of \$2,775.

#### NOTE 7 – ENDOWMENT INVESTMENTS

The Center has interpreted the wishes of donors and state law as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Center classifies as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. In the absence of donor restrictions, the net appreciation on a donor-restricted endowment fund is spendable and classified as net assets without donor restrictions. The Center tracks the net investment income attributable to each component of the endowment fund. Income earned from the endowment is available for general or specific purposes.

As required by accounting principles generally accepted in the United States of America, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Center has invested endowment assets in a manner that attempts to provide a predictable stream of funding to programs supported by its endowment, while seeking to maintain the value of the endowment assets. To satisfy its long-term rate of return objectives, the Center relies on a total return strategy whereby investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Center targets a diversified asset allocation.



## DAYSTAR LIFE CENTER, INC.

### Notes to Financial Statements

#### NOTE 7 – ENDOWMENT INVESTMENTS (CONTINUED)

In May 2019, the Board of Directors (Board) designated \$75,000 to establish an endowment fund with the Community Foundation of Tampa Bay (CFTB). Upon making the contribution, CFTB made a \$25,000 matching contribution to the Center’s endowment account. In March 2021, the Center made another \$75,000 contribution to CFTB and CFTB made another matching contribution of \$25,000. CFTB declares an annual distribution from the endowment, payable quarterly. Distributions are subject to a three-year lookback period, so the Center will be fully vested after three years. The Board previously elected not to take any distributions for the first three years. However, the Board can elect at any time to begin taking distributions to support the programs of the Center.

In May 2020, the Board of Directors (Board) designated \$500,000 to establish an endowment fund with the Pinellas Community Foundation. It is the Board’s intention to maintain these funds as a long-term investment; however, the funds are available for the Center’s use with Board approval.

The Center’s objective is to maintain endowment assets, as well as to provide additional real growth through investment return. Composition of the endowment net assets and changes in endowment net assets are as follows:

	Without donor restrictions (Board designated)	With donor restrictions	<u>Total</u>
Endowment net assets August 31, 2020	\$610,209	\$25,000	\$635,209
Contributions	75,000	25,000	100,000
Investment income	<u>157,380</u>	-	<u>157,380</u>
Endowment net assets August 31, 2021	<u>\$842,589</u>	<u>\$50,000</u>	<u>\$892,589</u>

#### NOTE 8 – FAIR VALUE MEASUREMENTS

In accordance with the Fair Value Measurements Topic of the FASB Accounting Standards Codification, the following table represents the Center’s fair value hierarchy for its financial assets measured on a recurring basis.

The fair value measurements and levels within the fair value hierarchy of those measurements for the assets reported at fair value on a recurring basis at August 31, 2021 are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Stocks and mutual funds	\$259,244	\$ -	\$ -	\$ 259,244
Endowment investments	-	<u>892,589</u>	-	<u>892,589</u>
	<u>\$259,244</u>	<u>\$892,589</u>	<u>\$ -</u>	<u>\$1,151,833</u>

The fair value measurements and levels within the fair value hierarchy of those measurements for the assets reported at fair value on a recurring basis at August 31, 2020 are as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Stocks and mutual funds	\$140,538	\$ -	\$ -	\$140,538
Endowment investments	-	<u>635,209</u>	-	<u>635,209</u>
	<u>\$140,538</u>	<u>\$635,209</u>	<u>\$ -</u>	<u>\$775,747</u>

## DAYSTAR LIFE CENTER, INC.

### Notes to Financial Statements

#### NOTE 9 - PROPERTY AND EQUIPMENT

Property and equipment consist of the following at August 31, 2021 and 2020:

	<u>2021</u>	<u>2020</u>
Building	\$2,359,799	\$2,359,799
Building improvements	251,653	183,196
Furniture, fixtures, and equipment	187,878	174,769
Vehicles	<u>112,000</u>	<u>112,000</u>
	2,911,330	2,829,764
Less accumulated depreciation	<u>(266,026)</u>	<u>(165,346)</u>
Net property and equipment	<u>\$2,645,304</u>	<u>\$2,664,418</u>

#### NOTE 10 - NET ASSETS WITH DONOR RESTRICTIONS

At August 31, 2021 and 2020, net assets with donor restrictions consist of the following:

	<u>2021</u>	<u>2020</u>
Allegany Franciscan Ministries	\$ -	\$14,560
Emergency Food & Shelter Program	-	29,014
United Way Energy Neighbor	4,204	-
CPPS Heritage Mission Fund	-	13,262
Senior Citizens Services, Inc.	-	4,053
St. Mary's Refugee Fund	3,265	7,210
Raskob Foundation – gardens	8,874	-
Community Foundation of Tampa Bay endowment funds	<u>50,000</u>	<u>25,000</u>
	<u>\$66,343</u>	<u>\$93,099</u>

#### NOTE 11 - IN-KIND CONTRIBUTIONS

Components of in-kind contributions for the years ended August 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Food	\$482,497	\$634,685
Clothing	54,425	53,741
Personal items and other	73,165	64,036
Rent	<u>-</u>	<u>40,430</u>
Total in-kind contributions	<u>\$610,087</u>	<u>\$792,892</u>

#### NOTE 12 - DONATED SERVICES

Components of donated professional services for the years ended August 31, 2021 and 2020 are as follows:

	<u>2021</u>	<u>2020</u>
Skilled labor	\$111,966	\$ 76,722
Accounting	84,638	59,800
Computer consultant and grant writing	8,015	9,150
Videography, printing, construction repairs	<u>5,498</u>	<u>-</u>
Total donated services	<u>\$210,117</u>	<u>\$145,672</u>

## DAYSTAR LIFE CENTER, INC.

### Notes to Financial Statements

#### **NOTE 13 - RETIREMENT PLAN**

During December 2005, the Center was approved to participate in the *Archdiocese of Miami/Diocese of St. Petersburg/Diocese of Venice Pension Plan* (the "Plan"). The effective date of participation was July 1, 2001. The Plan is a non-contributory, defined benefit plan. Specific retirement benefits are paid based on years of service and other criteria. The Center incurred retirement expenses of \$18,426 and \$17,329 in 2021 and 2020, respectively .

#### **NOTE 14 – CORONAVIRUS (COVID-19) PANDEMIC**

On January 31, 2020, U.S. Health and Human Services Secretary declared a public health emergency for the United States in regard to COVID-19. Measures taken by various governments to contain the COVID-19 virus have affected economic activity. The Center has taken measures to monitor and mitigate the effects of COVID-19, these include social distancing, enhanced sanitization, use of face masks by staff and clients, and providing client services outside of the building or by telephone. Direct client services were also impacted in that rent, utility, and medical assistance, as well as the need for personal hygiene items significantly increased. Financial assistance for transportation by bus or personal vehicle significantly decreased. The Center does not know the overall long-term effect on its operations from the COVID-19 pandemic but will continue to follow the various government policies and continue operating in the safest way possible.

#### **NOTE 15 - SUBSEQUENT EVENTS**

Management has evaluated subsequent events through March 9, 2022, the date on which the financial statements were available to be issued.

A Capital Campaign pledge receivable in the amount of \$33,000 was paid on March 7, 2022.

# Certificate of Coverage

Date: 3/29/2022

**Certificate Holder**  
 Diocese of St. Petersburg, FL and Most Reverend Gregory L. Parkes, D.D., as Bishop of St. Petersburg, His Successors in Office, Insurance Trust, P.O. Box 40200, St. Petersburg, FL 33743

**This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.**

**Company Affording Coverage**  
 THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA  
 10843 OLD MILL RD  
 OMAHA, NE 68154

**Covered Location**  
 Daystar Life Center  
 1055 28th Street South  
 St Petersburg, FL 33712

**Coverages**

**This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.**

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits
	Property				Real & Personal Property
	D. General Liability	8485	4/10/2022	4/10/2023	Each Occurrence
	<input checked="" type="checkbox"/> Occurrence				1,000,000
	<input type="checkbox"/> Claims Made				2,000,000
					2,000,000
					1,000,000
	Excess Liability				Each Occurrence
					Annual Aggregate
	Other Excess Auto Liability		4/10/2022	4/10/2023	Each Occurrence
		900,000			

**Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)**

Coverage only extends for claims arising out of Daystar Life Center's Contract #19-619D with Pinellas County for the term of this certificate. CMRS \$900,000 XS \$100,000 Self-Insured Auto Liability.

**Holder of Certificate**

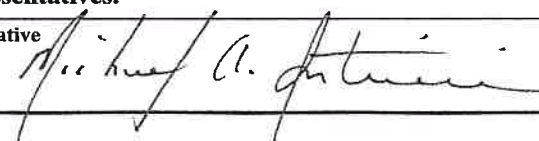
**Cancellation**

**Additional Protected Person(s)**

Pinellas County, A Political Subdivision of the State of Florida

**Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.**

Authorized Representative



0349006889

# ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: 4/10/2022

Cancellation Date of Endorsement: 4/10/2023

Certificate Holder: Diocese of St. Petersburg, FL and Most Reverend Gregory L. Parkes, D.D., as Bishop of St. Petersburg, His Successors in Office, Insurance Trust, P.O. Box 40200, St. Petersburg, FL 33743

Location: Daystar Life Center  
1055 28th Street South  
St Petersburg, FL 33712

Certificate No. 8485 of The Catholic Mutual Relief Society of America is amended as follows:

## SECTION II - ADDITIONAL PROTECTED PERSON(S)

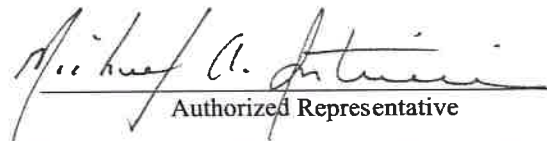
It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability), is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the **Protected Person(s)** activities or activities they perform on behalf of the **Protected Person(s)**.

It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the **Additional Protected Person(s)** will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)  
Pinellas County, A Political Subdivision of the State of Florida

Remarks (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language):

Coverage only extends for claims arising out of Daystar Life Center's Contract #19-619D with Pinellas County for the term of this certificate. CMRS \$900,000 XS \$100,000 Self-Insured Auto Liability.

  
Authorized Representative

**ENDORSEMENT**  
General Conditions  
(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement 4/10/2022 Charge \_\_\_\_\_ Credit \_\_\_\_\_

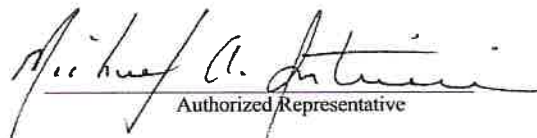
**Certificate Holder**

Diocese of St. Petersburg, FL and Most Reverend Gregory L. Parkes, D.D., as Bishop of  
St. Petersburg, His Successors in Office, Insurance Trust, P.O. Box 40200, St. Petersburg,  
FL 33743

Certificate No. 8485 of The Catholic Mutual Relief Society is amended as follows:

**WAIVER OF SUBROGATION BETWEEN PROTECTED PARTIES**

It is agreed that this Certificate is amended that notwithstanding anything to the contrary in Paragraph 11 of the General Conditions of the Certificate, Right of Recovery, in the event of any payment under this Certificate, we waive our right of recovery against any Additional Protected Person(s) in the Certificate.

  
Authorized Representative

# ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement 4/10/2022 Charge \_\_\_\_\_ Credit \_\_\_\_\_  
Cancellation Date of Endorsement 4/10/2023  
Certificate Holder Diocese of St. Petersburg, FL and Most Reverend Gregory L. Parkes, D.D., as Bishop of St.  
Location Daystar Life Center 1055 28th Street South St Petersburg, FL 33712  
Certificate No. 8485 of The Catholic Mutual Relief Society of America is amended as follows:

## PRIMARY AND NONCONTRIBUTORY OTHER INSURANCE or COVERAGE CONDITION

This endorsement modifies coverage provided under the following:

### PKS-100 SECTION II - LIABILITY CONDITIONS

The following is added to the **Other Insurance or Coverage** Condition and supersedes any provision to the contrary:

#### **Primary and Noncontributory Insurance or Coverage**

This protection is primary to and will not seek contribution from any other insurance or coverage available to an **Additional Protected Person(s)** under your certificate provided that:

- (1) The **Additional Protected Person(s)** is a Named Insured under such other insurance; and
- (2) You have agreed in writing in a contract or agreement that this protection would be primary and would not seek contribution from any other insurance available to the **Additional Protected Person(s)**.

  
Authorized Representative