Application Form

Organization Information

Brief Project Descriptor

Please briefly describe this organization's request.

Two refrigerated units and technology

If you have previously applied for a Small Purchase and would like your previous request copied over to update and submit for consideration in Round Two, please contact Rose Cervantes. Due to the current inflationary environment, you will need to obtain new bids/estimates for your proposed purchases regardless of a prior submission. The new request amount must also fit within the maximum request amounts for Round Two.

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 can be downloaded here.

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:

Improving Access to Food

EIN*

65-0523539

Incorporation Year*

Printed On: 18 April 2023

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 PD2CQLDY9ML8

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization. \$3,149,542.04

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

Printed On: 18 April 2023

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

3

Amount Requested (Annual Operating Budget > \$500,000)

Amount Requested (Annual Operating Budget > \$500,000)*

Because your annual operating budget is over \$500,000, the maximum grant request for your organization is \$150,000.

\$35,000.00

Request Specifics

Priority Areas*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
 - o Mental Health
 - o Dental Care
 - o Substance Use Disorders
- Housing

Not offering programming in these areas does <u>not</u> disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

Yes

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?

If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.

Daystar Life Center is home to a community food pantry and fresh organic food pantry farm which feeds 40,000 Pinellas County working families annually. According to the most recent census reports, 14.4% of the residents in the communities directly surrounding Daystar live in poverty and are at risk for chronic health problems related to the inability to afford healthy food or access remotely through applications like Instacart. Daystar's presence in the community fills the gaps created by situational and chronic poverty and the food pantry is one part of essential services offered to help residents remain housed, fed, and financially secure. Since the pandemic, Daystar has experienced a 49% increase in demand for pantry services among the "working poor" and 78% of our clients work two minimum wage jobs to make ends meet, or are employed in the service industry and have time constraints, causing them to miss paid work hours to come to the center for assistance within the hours volunteers are available. Because of the increased needs of the community

caused by the pandemic, Daystar has been unable to improve technologies or replace the outdated server required to sufficiently meet the demands for the increase, forcing the center to return to a manual inventory and intake process, which causes long wait times for clients. The refrigerated food locker will allow working clients to place remote pantry requests from their device and pick-up at their convenience from a convenient and code-protected locker. The food locker is also a service that will help in-person pantry clients, who are there on a limited work break, place requests from the requested tablets in the lobby, and stop by at a later time to pick up groceries, helping working clients avoid wait times and expand client choice. The food locker also provides dignity for those who are ashamed of their need, allowing them to pick up food away from the crowd.

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 provided food assistance to 22,000 individuals in 2022, and is on course for a 49% year over year increase in 2023. Prior to COVID, a large portion of Daystar clients were homeless or living in transitional, communal, or temporary housing. Today, 77% of all Daystar clients are housed and fall in the category of "working poor."

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:

- Inflationary pressures
- A reduction in revenue since the onset of the pandemic
- An increase in pandemic-related revenue that is restricted, or otherwise does not permit the purchase of capital assets
- The use of reserves for pandemic-related unbudgeted expenses
- Allocation of resources to meet a pandemic-related increase in demand for services, which results in a lack of resources to purchase capital assets
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC

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

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 activities to meet the increase in demand. Pantry services were moved outdoors and converted to an assembly line rather than an indoor client choice shopping experience. This experience did not offer the dignity and discretion Daystar has been known for and was founded on. The outdoor experience was 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 was 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 pantry. 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. In addition to the increase in demand for 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 2 tablets, a network server, and a 16 unit refrigerated food locker system. The lifespan on the tablets is approximately 5 years and the potential lifespan on the integrated network server is 10 years with regular maintenance. The server is needed to run a POS program that allows clients to pre-order and pick-up from the food locker. 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. The food locker will be placed along-side 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 or email that the order is ready and will be issued a unique code to open the locker upon arrival. This also allows our clients dignity and removes the possibility of feeling public shame of attending a food pantry in-person and may improve outcomes for those too embarrassed to come during regular hours, there-by increasing the reach of Daystar's service capabilities. Since the pandemic caused a decrease in individuals willing to volunteer in a client facing program, the food locker will allow the center to run with expanded un-manned hours, improving center accessibility, reducing the bottleneck in the pantry lines and improve access to the fresh and healthy foods that can be offered from our garden. Daystar's mission has always been client-first y, and the addition of the food locker technology, network server, and accessories will allow an innovative and client-choice response to a growing pandemic caused crisis.

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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. According to federal guidance, 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 and focus services on the traditionally underserved populations including the homeless and those at-risk of homelessness. 100% of Daystar clients income levels are 80% or lower the area average median income and would fall just above or below the federal poverty level. 61% of Daystar clients are black, indigenous, or other persons of color (BIPOC). Approximately 85% of Daystar clients have experienced generational or persistent poverty and 50% of clients identify as female. 4% of Daystar clients identify as LGBTQ+.

Number Served*

How many people will directly benefit from this capital purchase annually? 5000

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 <u>duplicated</u>. If ABC Food Bank counts Taylor's visit ONCE, it is <u>unduplicated</u>.

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.

NA

Geographic Impact & Priority Populations

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who:

- Live in a Qualified Census Tract (QCTs)
 - o Defined by U.S. Department of Housing and Urban Development (HUD)
 - o U.S. Treasury guidance prioritizes use of ARPA funds within QCTs
 - O 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 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.
- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGTBQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)

Benefits and Geography of Purchase*

Please describe the following:

- 1. The communities/clients that will benefit from this capital purchase, and whether they were disproportionately impacted by the pandemic according to the examples above.
- 2. The geographic areas in which this capital purchase will be put into use. Be as specific as possible.

The communities that will directly benefit from this purchase are located in zip code 33712, 33711, and 33705, which is closest to the Daystar Life Center location in 33712. According to the Qualified census tract, these areas were most negatively impacted by the pandemic due to their socio-economic status and history of being disadvantaged. The population of these areas is primarily Black and has a 14% or higher poverty rate and could not afford access to fresh, healthy food, and are most at risk for food related chronic diseases such as hyper-tension and diabetes. The majority of residents in this area work in hospitality, service, and tourism industries and became unemployed due to stay-at-home orders and pandemic related closures, causing further distress to families who were already living at or below the poverty level. They also are not homeowners and 95% of Daystar clients are renters. Just after the pandemic, Pinellas County experienced a historical increase in the housing market, causing rental rates to soar 9% above the national average further straining the financial capabilities of south St. Petersburg residents. For the first time in Daystar's 40 years of service, the primary client served is a working family or recently unemployed person and at significant risk of becoming homeless because of their pre-pandemic socio-economic status coupled with pandemic related distress.

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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

Community Connection

PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities 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.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Approximately 40% of Daystar volunteers are BIPOC and/or identify as LGBTQ+. Several of the volunteers have also experienced situational poverty in their lifetime, and have needed services like the ones provided at Daystar to bring themselves out of the darkness and into the light. Additionally 70% of the paid Daystar staff are BIPOC. Daystar's Executive Director is a female who as a child experienced poverty and whose family required assistance to avoid homelessness.

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. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

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. Neurodiversity is defined as "the range of differences in individual brain function and behavioral traits, regarded as part of normal variation in the human population." Examples of neurodiversity include autism spectrum disorders, ADHD, and dyslexia.

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable." None of the above

Proposal Costs

Please upload current verifiable bids, estimates, or price lists [from your potential vendor(s)]. These bids must be dated within the past 60 days. *Please ensure there is a date noted on the bid or some annotation as to when you obtained these estimates/bids.*

- If your purchase is BELOW \$75,000, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is ABOVE \$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.

Please note if you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit new bids for an accurate cost estimation in the current market.

If you need assistance compressing files, please email Rose Cervantes at rcervantes@pinellascf.org.

Bid/Estimate #1*

PDF files are accepted.

PCF ARPA Small Capital Technology 3.31.2023.pdf

Bid/Estimate #2*

PDF files are accepted.

Food Locker Quote NNN Solutions.pdf

Bid/Estimate #3

PDF files are accepted.

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, and contact Rose Cervantes at rcervantes@pinellascf.org.

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.

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.

If you submitted a proposal in the first round of funding for Small Capital Purchases, you will be required to submit a new budget for an accurate cost breakdown in the current market. Additionally, this round of funding there is less available monies, and the max award request has decreased.

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 (1).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.

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

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.

The software required to manage the food locker will increase the operational costs of Daystar by approximately \$582 per year. The board of directors has committed to sponsoring this minimal cost through fundraising.

Corrective and Investigative Action/Grant Recall

In the past three (3) years, has your organization or any affiliated parties with your organization had any of the following occur:

- 1. Been under legal investigation by a local, state, or federal institution?
- 2. Been placed on a corrective action plan by a funder?
- 3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. You may upload a PDF file to support your answer if necessary.

If no, write "N/A"

N/A

Insurance Requirements

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 may 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.

Organization Documentation

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.

FY 2022.2023 Daystar 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

The 2021/2022 990 will not be approved until the April 2023 Board of Director's Meeting.

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

The 2021/2022 audit will not be available until reviewed by the finance committee of the board in April 2023.

Post-Grant Requirements

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

Additional Information

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?

[Unanswered]

Agreements

Affirmation of Application Materials*

I hereby certify that, to the best of my knowledge, the provided information within this application is true and accurate.

Yes

Public Application and Grant Process*

In order to maintain transparency for the use of public funding, PCF will publish all submitted funding requests, committee review meeting minutes, executed contracts, and reports to its website. This means your funding request in its entirety will be published. Please check the box below to indicate your understanding of this.

Yes, I understand.

Final Approval for Grant Award*

The grantmaking process administered by PCF results in funding recommendations by an external committee using an objective, public rubric. Final approval of recommendations is made by the Pinellas Board of County Commissioners.

Yes, I understand.

ARPA Nonprofit Capital Project Fund - Small Purchases
Printed On: 18 April 2023 - Round 2 16

File Attachment Summary

Applicant File Uploads

- PCF ARPA Small Capital Technology 3.31.2023.pdf
- Food Locker Quote NNN Solutions.pdf
- Budget-Small-Capital-Purchases PCF ARPA (1).xlsx
- insurance.pdf

Printed On: 18 April 2023

- FY 2022.2023 Daystar 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

Server Quote 1- copied from e-mail on 3/20/2023.

1) The quote for a stand-alone server that replaces your existing server is below:

The system below would run \$5,270.40 plus shipping.

- Tower this is not a rack mount. Looks like the existing server.
- CPU Intel Xeon 6-core (12 Thread) 2.90GHz 12M cache
- 32GB of RAM
- RAID 5 configuration utilizing 4 480GB Enterprise SSDs
- Server 2022 OS as well as 20 CALs
- 3 Year warranty
- 2) Below is a quote for an RDS (terminal server) machine that replaces the existing server. This is just a beefier machine to handle multiple users:

The system below would run \$6,879.16 plus shipping.

- Tower this is not a rack mount. Looks like the existing server.
- CPU Intel Xeon 8-core (16 Thread) 3.70GHz 16M cache
- 128GB of RAM
- RAID 5 configuration utilizing 6 480GB Enterprise SSDs
- Server 2022 OS as well as 20 CALs
- 3 Year warranty

Sheldon Livingston

Technician

VSL Computers

p: (727)524-8443

e: sheldon@vslcomputers.com

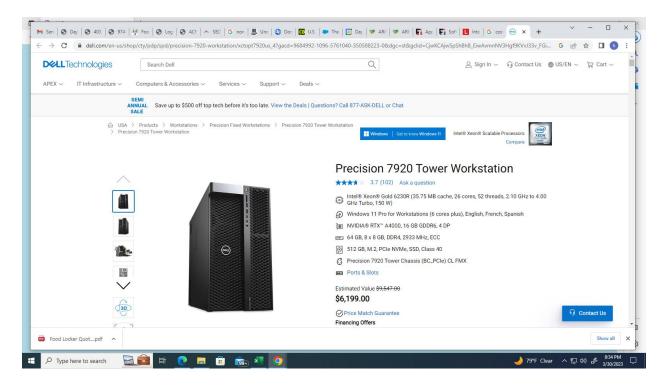




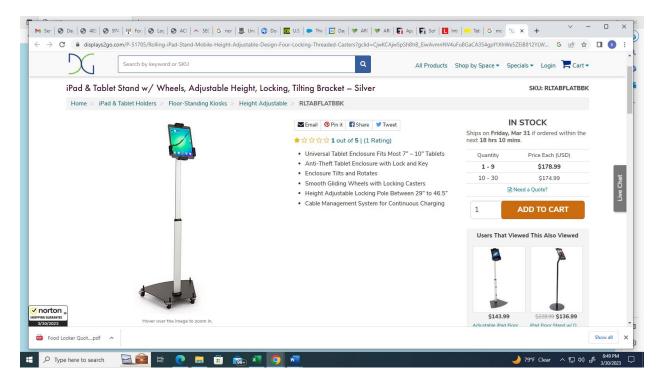




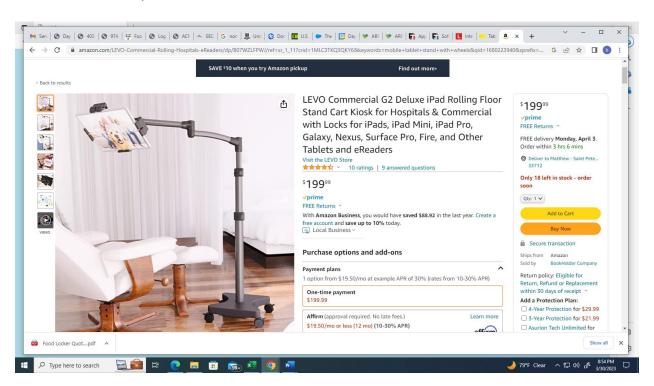
Server Quote 2



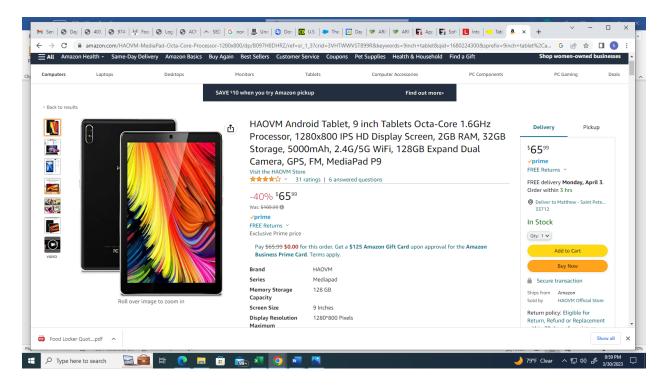
Tablet Stand Quote 1



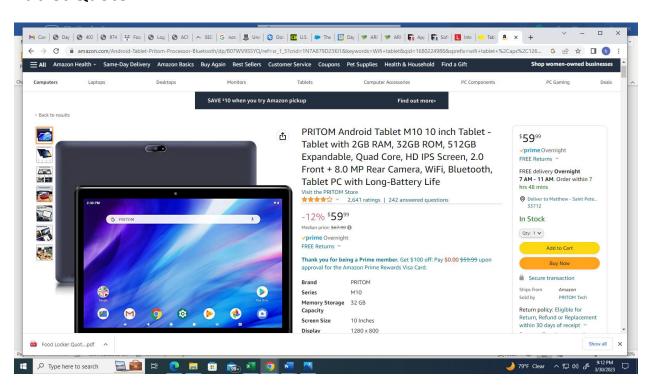
Tablet Stand Quote 2



Tablet Quote 1



Tablet Quote 2







03/23/2023

Project:

Day Star Life 1055 28th Street south St. Petersburg, FL 33712 From:

NNN Foodservice Solutions DJ Moore 301 S. Pinellas Ave. Tarpon Springs, FL 34689

(727)934-5063

(727)934-5063 ex 129 (Contact)

		(727)93	34-5063 ex 129 (C	.ontact)
Item	Qty	Description	Net	Net Total
1	2 ea	FOOD SAFE LOCKER	\$8,730.00	\$17,460.00
		Atosa USA, Inc. Model No. ARLA-2 Intelligent Food Safe Lockers Ambient/Refrigerated/Warming, (8) door, 43-1/3"W x 23-1/2"D x 85-4/10"H (overall), ambient mode: 39° 60°F temperature range, refrigerated modes 33° to 38°F temperature range, warming mode 122° to 140°F temperature range (section mus remain one temperature), (locker sizes) (#1 top) 15-1/4"W x 15-1/4"I2-1/2"H, (#2) 15-1/4"W x 15-1/4"D x 1-1/4"H, (#3) 15-1/4"W x 15-1/4 x 12-1/2"H, (#4) 15-1/4"W x 15-1/4"D x 12-1/2"H, R290 Hydrocarbon refrigerant, ETL, ETL-Sanitation Dimensions 85.4(h) x 43.3(w) x 23.5(d)	e t D x	
	1 ea	PLC-3-I Intelligent Food Safe Lockers Control Pannel, 21-3/10"W x 22 8/10"D x 80"H, control panel with 21-1/2" touch screen, consists of standard single-column including: (3) small, (1) medium, (1) large, braille keyboard, QR code scanner, LED light (top of locker), item & door detection, annual software fee for control locker (messagesser & received server hosting fee),ETL, ETL-Sanitation		\$2,700.00
	1 ea	SOFTWARE PACKAGE Software annual subscriptions includes: 1. Unlimited text messaging and emails 2. Courier/employee log in and customer retrieves package "User interface" on control locker 3. Server hosting fee included 4. Cloud admin account (remote management) 5. Software trouble shooting 6. Renewable annually at prevailing rate at that time. Installation not included and will be responsibility of the buyer. Weight: 838 lbs total	\$582.00	\$582.00
_			TEM TOTAL:	\$20,742.00

\$1,600.00 NNN Food Service Solutions LLC Model No. MFR FREIGHT INTO WH

Initial: __

\$1,600.00

2

1 ea FREIGHT

tem	Qty	Description	Net	Net Total
		Inbound freight charges from the manufacturer(s) to NNN Foodservice Solutions		
		ITE	M TOTAL:	\$1,600.00
		Merchane	dise	\$22,342.00
		Delivery		\$312.50
		Subtotal		\$22,654.50
		Tax 7%		\$1,563.94
		Total		\$24,218.44
		Prices Good Until: 04/07/2023		
,	Accepta	nce: Date:		
ſ	Printed	Name:		



"WE MAKE THE KITCHEN BETTER!"

Toll Free: 855-855-0399 Email: info@atosausa.com www.atosa.com | www.atosausa.com California, Colorado, Florida, Georgia, Illinois, Massachusetts, New Jersey, Ohio, Texas, Washington

MODELS:

ARLA-2 / FLA-2 / PLC-3-I



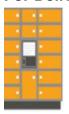
We recommend each control center only operate 6 locker sections (48 lockers), but maximum is 14 locker sections (112 lockers)

Intelligent Food Safe Lockers

Locker Features

- · Ideal for Delivery, To-Go and Pick up orders
- Control Panel with additional dry storage areas including: (3) small, (1) medium, (1) large. 1 control panel required per each bank of lockers.
- Control Panel consists of standard single-column configuration with 21.5" touch screen, braille keyboard & QR code scanner, LED light (top of locker), item and door detection – UL Certified. Annual software fee for control locker (messages sent and received server hosting fee)
- ETL Safety and Sanitation certified to NSF7 standard
- Patented Hybrid Cooling Technology and temperature detection
- Added counterweights are standard to ensure even distribution of weight
- Units can be used indoor or outdoor underneath a canopy.
- Freezer: (-7.6F) ~ (1.5F)
- Refrigerated/Warming/Ambient 3 in 1 option
- Warming modes: 122F ~ 140F
 Refrigerated mode: 33F ~ 38F
- Ambient mode: 39F ~ 60F
- Combination Units All lockers within each section must remain one temperature.

For Delivery







Step 1 Create your account and login

Step 2 Choose recipients info and select box

Step 3
Delivery of the package and sends password automatically

For Pick-up







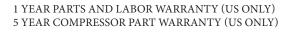
Step 1 Recieved SMS with password & QR Code

Step 2 Scan QR Code & Enter Password

Step 3 Get your package

















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SPECIFICATIONS

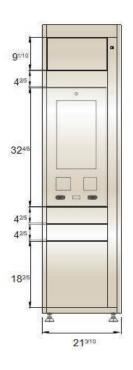
Models	ARLA-2 / 8-Door	FLA-2	PLC-3-1
	Ambient/Refrigerated/Warming	8-Door Freezer	Control Unit
Power (AC)	115V/60Hz	115V/60Hz	115 / 60 HZ
Rated Input Power (W)	630	940	N/A
Overall Dimensions (Inch) [W*D*H]	43.3 x 23.5 x 85.4	43.3 x 23.5 x 85.4	$21^{3/10}$ ° x $22^{1/5}$ ° x $79^{7/10}$ °
Box Dimensions (Inch) [W*D*H]	19 x 21.7 x 15.6	19 x 21.7 x 15.6	STORAGE SIZE BOXES
Product Weight	419	419	S: $16^{3/10}$ x $21^{7/10}$ x $4^{2/5}$ M: $16^{3/10}$ x $21^{7/10}$ x $9^{1/10}$
Capling Mathad	Forced Air Cooling,	Forced Air Cooling,	L: $16^{3/10} \times 21^{7/10} \times 18^{3/10}$
Cooling Method	Device on Top	Device on Top	Weight: 176 lbs
Refrigerant	R290	R290	Software annual aubscriptions includes:
Temperature Adjustment Range	Ambient Mode 39°F-60°F Refrigerated Mode 33°F-38°F Warming Mode: 122°F - 140°F	-7.6°F-1.5°F	Unlimited text messaging and emails Courier/employee log in and customer retrieves package "User interface" on control locker
Environment Temperature	32°F-110°F	14°F-110°F	Server hosting fee included
Temperature Adjustment Accuracy	34°F	34°F	4. Cloud admin account (remote)
Box Temperature Difference	≤37.4°F	≤37.4°F	management) 5. Software trouble shooting

PLAN VIEW

LOCKER

431/4 215/8 141/8 155/8 155/8 79 155/8 155/8 191/8 191/8

CONTROL PANEL





No.1 (top ea.)	15-1/4" W X 15-1/4" D X 12-1/2"H
No. 2 (ea.)	15-1/4" W X 15-1/4" D X 13-1/4"H
No. 3 (ea.)	15-1/4" W X 15-1/4" D X 13-1/4"H
No. 4 (ea.)	15-1/4" W X 15-1/4" D X 12-1/2"H

Stone Grey RGB: 145,142,133

Atosa International www.atosa.com

Atosa USA

NNN Food Service Solutions LLC

ARPA Nonprofit Capital Project Fund – Small Purchases Budget

Organization Name: Daystar Life Center
Proposal Name: Improving Access to Food

Α	В	С	D		Ε		F	G			Н
Line		Price Per	Quantity of	Pur	chase	A	ARPA Grant Funds				
Item	Item (Description)	Item	Item	T	otal		Requested	Applicant	Match	Fund	ding Total
1	Refrigerated Food Locker	\$ 24,218.44	1	\$	24,218	\$	24,218	\$	-	\$	24,218
2	mobile wifi tablet stands	\$ 179.00	2	\$	358	\$	358	\$	-	\$	358
3	Network Server	\$ 6,900.00	1	\$	6,900	\$	6,900	\$	-	\$	6,900
4	WiFi Tablets	\$ 66.00	2	\$	132	\$	132	\$	-	\$	132
				\$	-					\$	-
				\$	-			\$	-	\$	-
				\$	-					\$	-
				\$	-					\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		\$ -		\$	-	\$	-	\$	-	\$	-
		TOTAL	6	\$	31,608	\$	31,608	\$	-	\$	31,608

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL Columns E, H, and the "TOTAL" row are locked and cannot be edited

Key

Item (Description)	Brief name/description of the purchase requested				
Price per item	The individual price of one unit of the proposed purchase	he individual price of one unit of the proposed purchase			
Quantity of Item	antity of Item The number of units of the proposed purchase you are requested				
Purchase Total	Total purchase cost of the proposed line item (quantity multiplea				
ARPA Grant Funds Requested	The amount of ARPA funding requested for this line item				
Applicant Match	The amount (if any) that you, the applicant, are contributing towards the purchase of the line item				
Funding Total	Total funding for proposed line item (ARPA grant request plus applicant match)				

Certificate of Coverage

Date: 3/29/2022

	Certifi
Certificate Holder Diocese of St. Petersburg, FL and M L. Parkes, D.D., as Bishop of St. Pe in Office, Insurance Trust, P.O. Box FL 33743	tersburg, His Successor
Covered Location Daystar Life Center 1055 28th Street South St Petersburg, FL 33712	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Coverages '	
This is to certify that the coverag	es listed below have be

0349006889

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

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				Each Occurrence	1,000,000
				General Aggregate	2,000,000
Occurrence	8485	4/10/2022	4/10/2023	Products-Comp/OP Agg	2,000,000
Claims Made	0403	4/10/2022	4/10/2023	Personal & Adv Injury	1,000,000
				Fire Damage (Any one fire)	
				Med Exp (Any one person)	
Excess Liability				Each Occurrence	
	,			Annual Aggregrate	
Other				Each Occurrence	900,000
Excess Auto Liability				Claims Made	
,		4/10/2022	4/10/2023	Annual Aggregrate	
				Limit/Coverage	

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)	Should any of the above described coverages be cancelled
Pinellas County, A Political Subdivision of the State of Florida	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

ENDORSEMENT

(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement: Cancellation Date of Endorsement: 4/10/2023

4/10/2022

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

Location:

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

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

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

(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.

ENDORSEMENT

General Conditions (TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement	4/10/2022	Charge	Credit
Certificate Holder Diocese of St. Petersburg, FL a St. Petersburg, His Successors FL 33743			
			iety is amended as follows: 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 E	ndorsement	4/10/2022	Charge	Credit
Cancellation Date	, = 11001001110111	4/10/2023		
Certificate Holder	Diocese of St. Pet	tersburg, FL and Most Reve	erend Gregory L. Parkes, I).D., as Bishop of St.
Location Daystar	Life Center 1055	28th Street South St Peters	burg, FL 33712	
Certificate No.		of The Catholic Mutual Re		nended as follows:

PRIMARY AND NONCONTRIBUTORY OTHER INSURANCE OF 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

	Sep 1, '22 - Mar 13, 23	
Ordinary Income/Expense		
Income		
399.00 · NON-CASH REVENUE	0	.00
400.000 · CASH REVENUE		
400 · GRANTS		
400.00 · Grants Restricted	176,933.47	
400.03 · Compassionate Service Connect.	0.00	
400.07 · Grants Non- Restricted	24,072.58	
400.08 · Grants - Permanently Restricted	0.00	
400 · GRANTS - Other	0.00	
Total 400 · GRANTS	201,006.05	
405 · CONTRIBUTIONS		
400.20 · Trusts	0.00	
405.00 · Corporate Donations	10,698.94	
405.05 · Individual Donations	324,940.84	
405.40 · Church/School/Civic Donations	26,747.29	
405.48 · Foundation	20,048.39	
405.50 · Bequests	0.00	
405.53 Matching Gifts	604.84	
405.58 · Gift of Stock	7,000.00	
405.59 · Vehicles & Boats	0.00	
405.60 · Restricted contributions	0.00	
405.70 · Event revenue	0.00	
405 · CONTRIBUTIONS - Other	0.00	
Total 405 · CONTRIBUTIONS	390,040.30	
420 · THRIFT STORE SALES		
420.01 · Recycling Income	0.00	
420 · THRIFT STORE SALES - Other	0.00	
Total 420 · THRIFT STORE SALES	0.00	
450 · OTHER INCOME		
450.01 · Interest & Dividends	5,698.91	
450.02 · Investment Income	0.00	
450.03 · Gain/loss on gifts of stock	6,048.39	
450.04 · Net Changes to Endowment Fund	30,241.94	
450.05 · Credit card promotions	1,419.35	
450.06 · Recycling	0.00	
450.07 · Gain/Loss on Disposal of Assets	0.00	
450.08 · Sale of 226 6th St. S.	0.00	
450 · OTHER INCOME - Other	0.00	
Total 450 · OTHER INCOME	43,408.59	

	Sep 1, '22 - Mar 13, 23
490.00. · Transfer From Savings Account 400.000 · CASH REVENUE - Other	0.00 0.00
Total 400.000 · CASH REVENUE	634,454.94
400.99 · Grants Restricted	0.00
500 · IN-KIND REVENUES	
500.01 · Donated Space	3,500.00
500.02 · Volunteer Hours - Thrift Shoppe	0.00
500.03 · Volunteer Hours - General	427,956.97
500.04 · Volunteer Hours - Professional	120,362.90
500.05 · Volunteer Hours - AARP	53,494.64
500.055 · Volunteer Hours - Fundraising 500.06 · Food Donations	2,104.84
405.99 · Food	0.00
500.06 · Food Donations - Other	240,725.81
Total 500.06 · Food Donations	240,725.81
500.07 · Clothing Donations	32,096.77
500.08 · Household Goods Donations	9,419.35
500.09 · Personal Hygiene Donations	21,397.87
500.10 · Furniture and Computer Donation	0.00
500.11 · Hair Cuts	0.00
500.12 · Water Vouchers	0.00
500.13 · Donated Design and Printing	0.00
500.14 · Bus Pass	0.00
500.15 · Thrift Store In Kind Sales	0.00
500.16 · Donated Document Shredding	0.00
500.19 · Donated Fundraising Income	0.00
500.20 · Computer equipment donations	0.00
500.21 · Donated Professional Services	5,000.00
500.22 · Donated Debit or Gift Cards	1,553.55
500.23 · Donated Program Costs	0.00
500.24 · Donated software programs	0.00
500.90 · Van Donation	0.00
500.91 · Donated furniture and fixtures	0.00
500.99 · Other Donations	0.00
500 · IN-KIND REVENUES - Other	0.00
Total 500 · IN-KIND REVENUES	917,612.70
tal Income	1,552,067.64

	Sep 1, '22 - Mar 13, 23
Expense	
600.0 · INDIRECT EXPENSES	
600.00 · PERSONNEL & BENEFITS	
600.01 · Salaries and Wages	165,389.35
600.015 · Contract Labor	37,446.26
600.02 · Payroll Tax Expense	12,441.26
600.03 · Group Health Insurance	32,738.71
600.04 · Workers' Comp Insurance	2,439.35
600.05 Pension Costs	13,911.79
600.06 · Stipend	0.00
600.07 · Group Life Insurance	487.87
600.08 · Disability Insurance	894.45
600.09 · Unemployment Compensation	449.35
600.10 · Travel Reimbursement	641.94
600.50 · Payroll Services	802.42
600.55 · Recruitment & Background Check	104.00
600.00 · PERSONNEL & BENEFITS - Other	0.00
Total 600.00 · PERSONNEL & BENEFITS	267,746.75
630 · BUILDING COSTS	
630.01 · Rent Expense	0.00
630.02 · Utilities - Natural Gas	256.77
630.03 · Utilities - Water	5,135.48
630.04 · Utilities - Electric	6,008.35
630.05 · Telephone & Internet	6,740.32
630.06 · Repairs and Maintenance	10,951.42
630.07 · Supplies Expense	3,477.13
630.08 · Security Expense	837.23
630.09 · Property & Liability Insurance	6,954.32
630.10 · Moving Expense	0.00
630.12 · 2019 Property Tax	0.00
631.00 Expenses of Building Sale	0.00
630 · BUILDING COSTS - Other	0.00
Total 630 · BUILDING COSTS	40,361.02
635 · GENERAL OPERATING EXPENSES	
635.01 · Office Supplies	1,069.87
635.011 · Computers & software	1,872.29
635.012 In-House Printing & Copying	1,462.48
635.02 · Mailbox & Postage	912.39
635.03 · Outsourced Printing & Copying	641.94
635.04 · Dues & Subscriptions	872.26
635.045 DOSP Safe Environment Checks	327.39
635.05 · Advertising & Promotion	0.00
635.06 · Staff, BOD, VolunteerDevelopmet	1,383.87
635.07 Licenses, Fees & Taxes	0.00

	Sep 1, '22 - Mar 13, 23
635.08 · Bank Charges	4,500.00
635.09 · Accounting & Audit Fees	9,729.03
635.10 · Sales tax, penalty & interest	0.00
635.11 Professional Services	10,270.97
635.12 · Mileage Reimbursement	0.00
635.13 · Loss on disposal of assets	0.00
635.80 · Depreciation Expense	0.00
635.90 · Interest expense	0.00
699.00 · Reconciliation Discrepancies	0.00
999.99 · Voided Check	0.00
635 · GENERAL OPERATING EXPENSES - Other	0.00
Total 635 · GENERAL OPERATING EXPENSES	33,042.49
650 · VEHICLE EXPENSE	
650.01 · Vehicle Repair and Maintenance	604.84
650.02 · Van Insurance & Registration	2,674.71
650.03 · Fuel	1,069.87
650.04 · Tolls	20.00
650 · VEHICLE EXPENSE - Other	0.00
Total 650 · VEHICLE EXPENSE	4,369.42
670 · FUNDRAISING EXPENSES	
670.01 · Fundraising Venue Rental	0.00
670.02 · Fundraising Food Purchases	6,129.03
670.03 · Fundraising Printing & Postage	5.258.06
670.035 · Auction Items Expense	0.00
670.04 Misc Fundraising Expenses	6,500.00
670.05 · Fundraising Expenses	•
	2,139.80
670.06 · Fundraising Rental Expense 670 · FUNDRAISING EXPENSES - Other	0.00 0.00
Total 670 · FUNDRAISING EXPENSES	20,026.89
	20,020.00
680 · DEVELOPMENT 680.01 · Development consultant fees	0.00
680.02 · Development advertising expense	0.00
680.03 · Development printing & postage	604.84
680.05 · Development event expense	209.68
680.06 · Development Software 680 · DEVELOPMENT - Other	2,286.34 0.00
Total 680 · DEVELOPMENT	3,100.86
600.0 · INDIRECT EXPENSES - Other	0.00
otal 600.0 · INDIRECT EXPENSES	368,647

	Sep 1, '22 - Mar 13, 23	3
625 · FUNDRAISING EVENT EXPENSE 631 · THRIFT STORE		0.00
66000 · Payroll Expenses		0.00
699 PROGRAM EXPENSES		
604 · NUTRITION EDUCATION		
605.1 · Nutrition Education	0.00	
604 · NUTRITION EDUCATION - Other	0.00	
Total 604 · NUTRITION EDUCATION	0.00	
605 · FINANCIAL LITERACY	0.00	
606 · IDENTIFICATION COSTS		
606.01 · Birth Certificate Costs	4,012.10	
606.02 · Drivers License Costs	0.00	
606.03 · Florida I.D.	4,012.10	
606.04 · Marriage / Divorce Certificate	0.00	
606.05 · Death Certificate Costs	0.00	
606.06 · School I.D. Costs	0.00	
606.07 · Neck Wallet Allegany Grant	0.00	
606.08 · Client Personal-Other	0.00	
606.09 · Background verification	0.00	
606.10 · Driver's License	0.00	
606.11 · Professional License	0.00	
606.12 · Nurse License	0.00	
606.98 · Allocated Other General Admin	0.00	
606.99 · Allocated Payroll Costs	0.00	
606 · IDENTIFICATION COSTS - Other	0.00	
Total 606 · IDENTIFICATION COSTS	8,024.20	
607 · FOOD SERVICES		
607.01 · Food Purchases	43,865.61	
607.02 · Food for Holiday Baskets	20,000.00	
607.03 · Food for Christmas Baskets	0.00	
607.04 · Client Supplies & Support Produ	4,279.55	
607.05 · Food Gift Cards	0.00	
607.10 · Food for Partner Organizations	21,397.87	
607.98 · Allocated other G & A Costs	0.00	
607.99 · Allocated Payroll Costs	0.00	
607 · FOOD SERVICES - Other	0.00	
Total 607 · FOOD SERVICES	89,543.03	

	Sep 1, '22 - Mar 13, 23
608 · UTILITY ASSISTANCE	
608.01 · Water & Sewer Payments	56,169.35
608.02 · Electricity Payments	147,293.15
608.03 · Natural Gas Payments	1.604.84
608.04 · Water Vouchers	0.00
608.98 · Allocation of other G & A costs	0.00
608.99 · Allocated Payroll Costs	0.00
608 · UTILITY ASSISTANCE - Other	0.00
Total 608 · UTILITY ASSISTANCE	205,067.34
609 · HOUSING	
609.01 · Rent & mortgage assistance	83,986.58
609.02 · Mortgage Reimbursement	0.00
609.10 · Temporary Housing	1,604.84
609.98 · Allocated other G & A costs	0.00
609.99 · Allocated Payroll Costs	0.00
609 · HOUSING - Other	0.00
Total 609 · HOUSING	85,591.42
610 · TRANSPORTATION ASSISTANCE	
610.01 · Traveler's Aid Assistance	16,048.39
610.02 · Bus Passes	1,604.84
610.03 · Gasoline Vouchers	3,209.68
610.04 · Gasoline Gift Cards	0.00
610.05 · Bicycle Locks & Lights	500.00
610.06 · Greyhound Bus Ticket Purchases	0.00
610.07 · Bicylcle Lights	0.00
610.09 · Client Vehicle Expense	270.97
610.98 · Allocated other G & A costs	0.00
610.99 · Allocated Payroll Costs	0.00
610 · TRANSPORTATION ASSISTANCE - Other	0.00
Total 610 · TRANSPORTATION ASSISTANCE	21,633.88
611 · CLOTHING ASSISTANCE	
611.01 · Clothing Purchases	2,407.26
611.98 · Allocated other G & A costs	0.00
611.99 · Allocated Payroll Costs	0.00
611 · CLOTHING ASSISTANCE - Other	0.00
Total 611 · CLOTHING ASSISTANCE	2,407.26

	Sep 1, '22 - Mar 13, 23
612 · HOUSEHOLD GOODS ASSISTANCE	
612.01 · Household Goods Purchases	2,674.71
612.02 · Can Openers	0.00
612.98 · Allocation of other G & A costs	0.00
612.99 · Allocated Payroll Costs	0.00
612 · HOUSEHOLD GOODS ASSISTANCE - Other	0.00
Total 612 · HOUSEHOLD GOODS ASSISTANCE	2,674.71
613 · PERSONAL HYGIENE ASSISTANCE	
613.01 · Personal Hygiene Products	8,024.19
613.02 · Survival Gear	0.00
613.98 · Allocation of other G & A costs	0.00
613.99 · Allocated Payroll Costs	0.00
613 · PERSONAL HYGIENE ASSISTANCE - Other	0.00
Total 613 · PERSONAL HYGIENE ASSISTANCE	8,024.19
614 · EDUCATION, TRAINING ,EMPLOYMENT	
614.01 · Seminar Costs	0.00
614.02 · Tuition Assistance	250.00
614.03 · Community Education	0.00
614.04 · Professional License	0.00
614.05 · GED test costs	0.00
614.98 · Allocation of other S & A costs	0.00
614.99 · Allocated Payroll Costs	0.00
620.08 · Child Care Services	0.00
620.09 · Finger Prints	0.00
614 · EDUCATION, TRAINING ,EMPLOYMENT - Other	0.00
Total 614 · EDUCATION, TRAINING ,EMPLOYMENT	250.00
615 · VEHICLE EXPENSE	
615.01 · Vehicle Repairs and Maintenance	0.00
615.02 · Vehicle Insurance	0.00
615.03 · Gasoline Costs	0.00
615.04 · Tolls	0.00
615.98 · Allocation of other G & A costs	0.00
615.99 · Allocated Payroll Costs	0.00
615 · VEHICLE EXPENSE - Other	0.00
Total 615 · VEHICLE EXPENSE	0.00

Daystar Life Center Profit & Loss Budget Overview September 1, 2022 through March 13, 2023

	Sep 1, '22 - Mar 13, 23
620 · OTHER PROGRAM COSTS	
620.01 · Client Medical Expense	2,407.26
620.02 · Client Mail Costs	53.51
620.03 · Client Supplies	0.00
620.04 · Gift Card Expense	0.00
620.05 · Other Miscellaneous Costs	0.00
620.06 · Printing-Client Forms	0.00
620.07 · Hair Cutting supplies	0.00
620.10 · Client phone & internet expense	106.97
620.12 · Client internet expense	0.00
620.20 · Software Donor Data Base	0.00
620.98 · Allocation of other G & A costs	0.00
620.99 · Allocated Payroll Costs	0.00
620 · OTHER PROGRAM COSTS - Other	0.00
Total 620 · OTHER PROGRAM COSTS	2,567.74
699 · PROGRAM EXPENSES - Other	0.00
Total 699 · PROGRAM EXPENSES	425,783.77
700 · IN-KIND EXPENSES	
700.01 · Donated Space	3,500.00
700.02 · Volunteer Hours - Thrift Shoppe	0.00
700.03 · Volunteer Hours - General	427,956.97
700.04 · Volunteer Hours - Professional	120,362.90
700.05 · volunteer Hours - AARP	53,494.64
700.055 · Volunteer Hours - Fundraising	2,104.84
700.06 · Food Donations	240,725.81
700.07 · Clothing Donations	32,096.77
700.08 · Households Goods Donations	9,419.35
700.09 · Personal Hygiene Donations	21,397.87
700.10 · Furniture & Computer Donations	0.00
700.11 · Hair Costs	0.00
700.12 · Water Vouchers	0.00
700.13 · Donated Design & Printing	0.00
700.14 · Bus Passes	0.00
700.15 · Thrift Store In -Kind Expense	0.00
700.16 Donated Document Shredding	0.00
700.19 · Donated Fundraising Expenses	0.00
700.21 Donated Professional Services	5,000.00
700.22 · Donated Debit or Gift Cards	1,553.55
700.23 · Donated Program Costs	0.00
700.24 · Donated software	0.00
700.91 · Donated furniture and fixtures	0.00

Daystar Life Center Profit & Loss Budget Overview September 1, 2022 through March 13, 2023

	Sep 1, '22 - Mar 13, 23
700.99 · Other Donated Expense 700 · IN-KIND EXPENSES - Other	0.00 0.00
Total 700 · IN-KIND EXPENSES	917,612.70
Total Expense	1,712,043.90
Net Ordinary Income	-159,976.26
Other Income/Expense Other Income 800 · INTEREST INCOME	0.00
Total Other Income	0.00
Net Other Income	0.00
Net Income	-159,976.26

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 Retired Senior Executive AT&T Lucent Adjunct Professor, UTD Professor BOD 02/25/2020 TOD 02/22/2024

James Garrity
7024 Central Ave
St. Petersburg, Fl 33707
727-346-9500
727-580-3703 cell
E-mail: 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 President of Caldwell Management Solutions BOD 07/23/2019 TOD 07/23/2023

Dr. Jacquelyn Dawson, Corresponding Secretary 300 North Tessier Dr
St. Pete Beach, Fl 33706
551-579-3414
E-mail: 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
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 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
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
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 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
Retired Pinellas County School Board
BOD 05/15/2013 TOD 03/27/2023

Deacon Michael Menchen, Vice President 555 5th Ave NE#333 St. Petersburg, Fl 33701 727-548-0452 work 727-642-8279 cell 727-8248515 home E-mail: mmenchen@gmail.com mike@emwlaser.com Owner of EMWLaser Appointed to BOD by Fr. Damian 03/28/2018

Kevin Milkey, Acting Executive Director 2813 Sunset Way St. Pete Beach, Fl 33706 E-mail: kmilkev1@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 St. Petersburg, Fl 33710 727-564-8656 E-mail: 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

BOD 01/25/2022

Tom Camphire, Treasurer 835 26th Ave North St. Petersburg, Fl 33704 904-403-3366 E-mail: 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

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

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

		calendar year, or tax year beginning 0	9/01/20 , and endir	ng 08/31/2	1	D 5	1d 6151 41
	Check if applicable:	C Name of organization	THE CENTER INC			D Employer	identification number
닏	Address change	Doing business as	IFE CENTER, INC.			65-0	523539
	Name change	Number and street (or P.O. box if mail is not delivered	ed to street address)		Room/suite	E Telephone	
	Initial return	1055 28th Street South			20 16 8	727-	825-0442
	Final return/ terminated	City or town, state or province, country, and ZIP or for	oreign postal code				
$\overline{}$			FL 33712			G Gross rece	ipts\$ 2,039,341
=	Amended return	F Name and address of principal officer:			H(a) Is this a gro	oun rotum for cu	bordinates? Yes X No
Ш	Application pending	Jane 1100110011				-	H., H.,
		1055 28TH STREET SC			H(b) Are all sub		
_		ST PETERSBURG	FL 33712		If "No,	" attach a list. \$	See instructions
1	Tax-exempt status		(insert no.) 4947(a)(1) or	527	4		
J	Website: ▶	www.daystarlife.com			H(c) Group exe		
K	Form of organizatio	nt X Corporation Trust Association	Other -	L Ye	ear of formation: 1	982	M State of legal domicile: FL
P		ummary					
	1 Briefly d	describe the organization's mission or most	significant activities:				
e		vides critical support se				erly a	ıd
ш	dis	abled to promote stability	y, self-reliance	& dignity.			
Activities & Governance	******			ngarana ana ana an			
69		his box ▶ if the organization discontinu		ed of more than 25	% of its net as		4.4
රේ		of voting members of the governing body (************			14
ties		r of independent voting members of the gov				- 4	14
Ę		umber of individuals employed in calendar y				5	7
Ac	6 Total nu	umber of volunteers (estimate if cessari)	1	.		6	200
		nrelated business revenue from Part VI, co		-	\ -/	7a	0
_	b Net unr	elated business taxable income from Form	90-1. Hart I line 11		Prior Ye	7b	Current Year
	9 Contribu	utions and grants (Part VIII, line 1h)				4,033	1,705,947
ine.	9 Program					-,,,,,,,	0
Revenue	10 investm	nent income (Part VIII, column (A), lines 3,	4 and 7d)		1	2,918	84,844
8	11 Other re	evenue (Part VIII, column (A), lines 5, 6d, 8				5,464	-127
	1	evenue – add lines 8 through 11 (must equa				1,487	1,790,664
_		and similar amounts paid (Part IX, column (6,917	1,184,586
		s paid to or for members (Part IX, column (A					0
w	1 45 0-1-4-		D 1134 1 (A) Page 5	40)	34	7,568	342,461
xpenses	16a Profess	s, other compensation, employee benefits (sional fundraising fees (Part IX, column (A), andraising expenses (Part IX, column (D), lir	line 11e)	150 8 1 1 1 2 5 1			0
ber	b Total fu	indraising expenses (Part IX, column (D), lir	ne 25) ▶ 4	3,205	the law		
Ă	1	expenses (Part IX, column (A), lines 11a-11			23	3,514	244,622
		xpenses. Add lines 13–17 (must equal Part				7,999	1,771,669
		ue less expenses. Subtract line 18 from line			24	3,488	18,995
Net Assets or	990			-	Beginning of Cu		End of Year
sets	20 Total as	ssets (Part X, line 16)				5,772	4,818,525
t As	21 Total lia					9,302	89,174
ž		sets or fund balances. Subtract line 21 from	line 20		4,58	6,470	4,729,351
		Signature Block					
Ĺ	Under penalties of	of perjury, I declare that I have examined this retu complete. Declaration of preparer (other than of	um, including accompanying se	chedules and stateme	ents, and to the l	oest of my kr	nowledge and belief, it is
	rue, correct, and	Complete. Declaration of preparer (other trial) of	ilcer) is based off all information	71 of Which preparer	las arry knowled	gc.	
٠.		Circolum of officer				Date	
	gn /	Signature of officer		BYBAII	MTIME DI		
He	ere	Jane Trocheck Walke:	<u>r</u>	EAECU	TIVE DI	RECTO	
	- I	Type or print name and title	Preparer's signature		Date	Oh and	if PTIN
Pa	ا سد	ype preparer's name	Λ		9	Check	
	ADDECT ROBE	RT M. MELBY, CPA	ROBERT M. MELBY, CI		104/2	8/22 self-er	16-1110900
	eparer Firm's			CPA'S		Firm's EIN	40-TTT0200
US	- 1	6420 Central A		7		Phone as	727-327-777
N 4 -		euss this return with the preparer shown abo				Phone no.	
IVI	ay title IRS UISC	noo mio remiti wini me brebarer onown and	, Coo mondodono				140

Part III	Statement of Program Se	rvice Accomplishmen	ts	
3-341-5-341			o any line in this Part III	X
1 Briefly	describe the organization's mission:			=
See S	Schedule O			*******

* 3724334	V1.70TVFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFFF			
0 Distalla			a year which were not listed on the	
	e organization undertake any significa orm 990 or 990-EZ?	nt program services during tr		s X No
•	," describe these new services on Sc	hedule O		75 AE 140
	e organization cease conducting, or m		ow it conducts, any program	
service	-	3	Ye	es X No
If "Yes	," describe these changes on Schedu	ile O.	and the second s	
4 Descri	be the organization's program service	accomplishments for each o	of its three largest program services, as measured by	
			report the amount of grants and allocations to others,	
the tota	al expenses, and revenue, if any, for	each program service reporte	d.	
veget nutri Neigh parti Count 6,522 razo	cables, meats, dain itious and sustains aborly Care Network icipating at severa ty. 2 individuals rece	ry products, can ble meals. Day to provide su al congregate of ived personal l	se bags included fresh fruits and anned goods, and bakery items for star continues to partner with applemental food to low-income selining sites around Pinellas anygiene items to include soap, shape socks, underwear, and laun and health.	niors
home: bill: incor util	s through assistands, and natural gas me and/or receive l ity usage can crea	ce with past do bills. Client below livable v te an inabilit	d evictions and remain safely in ne rent/mortgage, electric bills, s served by Daystar are on a fixe wages. Any emergency or spike in y to pay crucial bills. Many land we utility service.	water d
8.53,542				
******		texter negernantantan tentat titat titat		

for fune fits Days such docu bene with	5 articles of clot job interviews, pr rals, or to replac tar volunteers ass as their Florida ments are required fits, accessing sh clients to ensure ificate forms, mak	hing and house otection in in e clothing tha isted 1,299 in identification for employment elters and utile they have core copies of the	rants of \$ 119,488) (Revenue \$ hold goods were distributed to clement weather, to attend church that been lost, damaged or no lod dividuals in obtaining vital docu and/or birth certificates. These t, personal banking, disability lizing social services. Volunteer rectly completed their birth eir required back-up documentation sential ones were lost; write let	and onger ments vital cs work
rese	arch atternative o	ocmience ir es	Sential Ones were 1080, willes let	
Ad Other	r program services (Describe on Sche	edule O.)		
		including grants of \$) (Revenue \$	
	program service expenses ▶	1,683,280		

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I x 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV \mathbf{x} Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investment— 11a X of its total assets reported in Part X, line Yes, complete School. X 11b c Did the organization report an amount for investments-program related in Part X, line 13, that's 5% of more X of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	5255		
-	to defease any tay-evernt honds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	(100		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	1909	230		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	0.0		x
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			1
	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	27		x
00	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a busine is transaction with one of the bllowing parties (see Schedule L, Part	21		
28				91
_	A superior of former officer, director, businesses and a construction of the construct			
а	IV instructions, for applicable filing thresholds, conditors and exceptions): A current or former officer, director, trustes by employed feator or founder, a sostantial combutor if "Yes." complete Schedule L. Part IV	200		x
L	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
b		Zob		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	-
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	123		
30	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization regulate, terminate, or dissolve and cease operations: " " " " " " " " " " " " " " " " " " "			
32	Color Ocharda N. Dod II	32		x
22	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
33	11 004 7704 0 1 004 7704 00 16 10/ca II carrelate Cahadula D. Dart I	33		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	x	
	or IV, and Part V, line 1	34	_	х
35a	• • • • • • • • • • • • • • • • • • • •	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	0.51		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	-A-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	
D	19? Note: All Form 990 filers are required to complete Schedule O.	1 30	1 2	
1	art 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			
_	Officer if Schedule & Contains a response of flote to any line in this rait v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	1.55	1,,,,
1a b	46 0			
p p	The de name of the second seco		21 1	
	reportable gaming (gambling) winnings to prize winners?	1c	x	
			-	

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)			-
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ii ii		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a 7		THE V	10
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	L=+ 1 ·	2b	х	
þ	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions		- 20	United I	DEV.
3a	T04.000		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	201. 15191 12 12331 .00111001 1 O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		55		
	a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
b	If "Yes," enter the name of the foreign country ▶			The same	165
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts (FBAR).		300	15/
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution		50.		
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			10.3
	and services provided to the payor?		. 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			
	required to file Form 8282?	g	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums in a personal benefit of		. 7e		X
f	Did the organization, during the year, par premiur is, different or indirectly, on a personal benefit contraction.		. 7f		X
g	If the organization received a contribution scalined intollectual property, did to gain atom to contribution		. 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	ed by the			
0	sponsoring organization have excess business holdings at any time during the year?		. 8		
9	Sponsoring organizations maintaining donor advised funds.		00		
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u>9a</u> 9b		-
10	Section 501(c)(7) organizations. Enter:		90	N.	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1.15	33
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		300	Yes
11	Section 501(c)(12) organizations. Enter:	100			
	Cross income from more has an absorbalders	11a	17.0		365
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	5	100
	against amounts due or received from them.)	11b	ij-w	7.0	1112
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	E	-	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			38	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			3.5	
b	Enter the amount of reserves the organization is required to maintain by the states in which	W 2W7			10.0
	the organization is licensed to issue qualified health plans	13b		8.0	
С	Enter the amount of reserves on hand	13c	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		. 14b		_
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or			1980
	excess parachute payment(s) during the year?		. 15		X
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes." complete Form 4720. Schedule O.				

65-0523539 Form 990 (2020) DAYSTAR LIFE CENTER, INC. Page 6 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 1a 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. 14 Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 2 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? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b 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. Section B. Policies (This Section Brequests information about policies of required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters. 10a 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? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ None 17 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. X Own website X Another's website X Upon request Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records JANE TROCHECK WALKER 1055 28th Street South

FL 33712

ST PETERSBURG

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.

See instructions for the order in whice Check this box if neither the organized in the order in whice					nizati	ion co	mp	ensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any	box	, unle	ess per	ion nore t son is	han one both ar	n)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	related organizations
(1) Jane Trocheck Wa	0.0000									
EXECUTIVE DIRECTOR	50.00	۱1	Ī	(T)	Ì	7	-	() 187	1/ 0	0
(2) Jay K. Ghosh	0.0	7	t				t	UU	V	-
	15.00		250					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	J	
President	0.00	X		x				0	0	0
(3) Deacon Michael I							- [
1, 21 (21 (21 (21 (21 (21 (21 (21 (21 (21	3.00	x		$ \mathbf{x} $				0	o	0
Vice President (4) Judy Wilson	0.00	^	-	1		\vdash	\dashv			
(4) Oddy Wilson	10.00									
Treasurer	0.00	x		x				0	0	0
(5) Dr. Christine La	rsen									
3. 1721311100000000000000000000000000000000	3.00									
Recording Secretary	0.00	X		X			_	0	0	0
(6) Dr. Jacquelyn Da										
	3.00	x		$ \mathbf{x} $				o		0
Corresponding Secr. (7) Father Damian A	0.00	┢		^						
(/)Facilet Damitan A	1.00									
Director	0.00	x						0)0	0
(8) Carl Brody										
	1.00					П				
Director	0.00	X	-		_	\vdash		0		.0
(9) Dr. Loretta Cal	dwell Th	(mp	ps	on						
Director	0.00	x								
(10) James Garrity	3.00	1	T			T				
(.0,00000000000000000000000000000000000	5.00		1							
Director	0.00	X								
(11)Sister Marita F										
	1.00							,		
Director	0.00	X			_					J = 990 (200)

Part VII	Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any	bo off	x, unle icer a	Pos check ess pe	rson i	than o	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) timated a of othe compensa from th	r ition	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganizatio led organ		i
(12) I	or. John Fox	1.00	x						0	0				0
	Linda Lerner						H			0				
Direcct		3.00	x						0	0				0
	Kevin Milkey		<u> </u>											
Directo		1.00	x						0	0				0
~ 	George W Mon	ux, Jr.		D										
Directo		1.00	x						o	o				0
Directo	or .	0.00	^	T					0	J				
101011111111														
1														
			١.											
				li		1	h	E E	Con	\/				
		\	/		C	7		L	COP	У				
			H	H	-		T							

1b Subt	otal	***************************************			1013				71,187					
	from continuation she								71,187					
2 Total	(add lines 1b and 1c) number of individuals (in	ncluding but not	limite	ed to	thos	se lis	sted a	abov	re) who received more than		L			
repor	table compensation from	the organization	n 🏲	0									Yes	No
									ee, or highest compensate					x
emple 4 For a	oyee on line 1a? <i>If "Yes,</i> iny individual listed on lin	" complete Sche e 1a, is the sum	dule of re	<i>J to</i> eport	<i>r suc</i> table	con	<i>dividi</i> npen	<i>ual</i> satio	on and other compensation	from the	******	3		<u> </u>
orgar	nization and related orga	nizations greate	r tha	n \$1:	50,00	00?	If "Υε	es," (complete Schedule J for su	ich		4		X
5 Did a	iny person listed on line '	1a receive or acc	crue	com	pens	atio	n fro	m ar	ny unrelated organization o	r individual			136	
	ervices rendered to the o Independent Contracto		Yes,	con	npiet	e Sc	cneau	JIE J	for such person		2212112	5	!	X
1 Com	plete this table for your fi	ve highest comp	ens	ated	inde	pen	dent	cont	ractors that received more dar year ending with or with	than \$100,000 of	oar.			
COMP		(A) d business address	Julip	10115	20011	101	u ie c	aleii		(B) otion of services	cai.	Co	(C) mpensat	tion
-	Hame une	a business dad see						T						
-						-		+						
								T						
s 								-						
2 Tota	I number of independent	contractors (inc	ludin	g bu	t not	limi	ted to	o the	ose listed above) who			JE T		Ų,

Pa	rt V	III Stateme	ent of Sche	Revenue dule O cont	ains a	a respo	nse or note	e to any line in thi	s Part VIII		X
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f		es nts ntributions giffs, gran t included included i	s) Its, I above In lines 1a-1f		\$	150,458 116,581 ,438,908 609,787	1,705,947			
Д.	f	All other program	n servi	ce revenue						National Value of the last	
3	3	Total. Add lines Investment incorporate american income from investment in the investment investment in the investment investment in the investment investment investment in the investment investment in the investment i	me (inc ounts) estmer	cluding dividend tof tax-exemp	ls, inte	rest, and	•	23,914			23,914
	5 6a b	Gross rents Less: rental expenses Rental inc. or (loss)	6a 6b 6c	(i) Real	<u> </u>	(ii)	Personal				
	d	Net rental incom Gross amount from sales of assets		(i) Securities	,718	·	i) Other				
ner Revenue		cost or other basis and sales exps	7b	246	,788 ,930						
er R	l .	Gain or (loss) Net gain or (loss				_		60,930	60,930		
Oth	8a	Gross income from (not including \$ of contributions rep See Part IV, line 18	orted or	150,458 n line 1c).	8a						
		Less: direct expe			8b	ļ	1,889	-1,889			
	9a	Net income or (Id Gross income from See Part IV, line 19	gaming	activities.	9a			-1,889			
		Less: direct expo	- 17		9b						
		Net income or (le Gross sales of in returns and allow	nventor	y, less	vities . 10a			LEASTER			
		Less: cost of go			10b		1200				
		Net income or (I	oss) fro	om sales of inv	entory		Business Code				
Miscellaneous Revenue	11a b	OTHER INCO					business Coo	1,762	1,762		
Seve	С	5									
Ž		All other revenue									
		Total. Add lines	The second state of	TOTAL THE STREET STREET			19207	1,762			22 014
	12	Total revenue.	See ins	structions				1,790,664	62,692		23,914

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 (B) Program service (C) Management and (D) Fundraising (A) Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 1,184,586 1,184,586 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 259,169 233,955 13,575 7 11,639 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 18,426 16,790 1,282 354 Other employee benefits 46,069 41,234 1,697 9 3,138 18,797 Payroll taxes 17,052 902 10 11 Fees for services (nonemployees): a Management b 10,200 Accounting C Lobbying d Professional fundraising services. See Part IV, In Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 30,246 6,840 (A) amount, list line 11g expenses on Schedule O.) 1,836 21,570 12 Advertising and promotion Office expenses 19,351 10,991 640 13 7.720 Information technology 14 Royalties 15 Occupancy 55,422 53,440 1,982 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 101,532 96,455 5,077 22 Insurance 12,620 11,989 23 631 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.) VEHICLE EXPENSE 5,662 5,661 BANK CHARGES 2,940 b 2,940 Miscellaneous 2,668 306 2,362 DUES & SUBSCRIPTIONS 2,138 d 2,138 e All other expenses 1,843 1,843 1,771,669 1,683,280 40,184 Total functional expenses. Add lines 1 through 24e 48,205 25 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			86,592	1	51,224
2	Savings and temporary cash investments			743,272	2	625,489
3	Pledges and grants receivable, net		001000000000000000000000000000000000000	66,192	3	44,155
4	Accounts receivable, net				4	
5	Loans and other receivables from any current or form	ner officer, di	rector,			
	trustee, key employee, creator or founder, substantia	l contributor,	or 35%			
	controlled entity or family member of any of these pe	rsons			5	
6	Loans and other receivables from other disqualified	ersons (as d	efined		E	
	under section 4958(f)(1)), and persons described in	section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges	A977/2001/101/780/E72/90		764	9	1,963
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	3,209,888			
b	Less: accumulated depreciation		266,027	2,962,977	10c	2,943,861
11	Investments—publicly traded securities	***		140,538	11	259,244
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11		ENTERPRESENTATION OF THE SECOND		13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			645,437	15	892,589
16	Total assets. Add lines 1 through 15 (must equal lin	e 33)		4,645,772	16	4,818,525
17	Accounts payable and accrued expenses		COOK * * * * * * * * * * * * * * * * * *	59,302	17	82,174
18	Grants payable Deferred revenue Tax-exempt bond liabilities		10.		18	
19	Deferred revenue		$I \cup A$		19	7,000
20	Tax-exempt bond liabilities			Jy	20	
21	Escrow or custodial account liability. Complete Part	V of Schedul	e D	4	21	
22	Loans and other payables to any current or former of	ficer, director	·,			
	trustee, key employee, creator or founder, substantia	il contributor,	or 35%			
	controlled entity or family member of any of these pe		080000080000000000000000000000000000000		22	
23	Secured mortgages and notes payable to unrelated to	hird parties			23	
24	Unsecured notes and loans payable to unrelated thir	d parties			24	
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-2	24). Complete	e Part X			
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25			59,302	26	89,174
	Organizations that follow FASB ASC 958, check h	ere 🕨 🗶				
	and complete lines 27, 28, 32, and 33.					
27				4,493,371	27	4,663,008
28	Net assets with donor restrictions			93,099	28	66,343
	Organizations that do not follow FASB ASC 958,	check here I	▶ 🗆			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equipn	1.7(7.7)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30	
31	Retained earnings, endowment, accumulated income	e, or other fur	nds		31	
32				4,586,470	32	4,729,351
33	Total liabilities and net assets/fund balances			4,645,772	33	4,818,525

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,79		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,7		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>995</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,58		
5	Net unrealized gains (losses) on investments	5	12	23,	886
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,72	29,	351
Pa	Int XII Financial Statements and Reporting				10
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.			- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			20	
	reviewed on a separate basis, consolidated basis, or both:				48
	Separate basis Consolidated basis Both consolidated and separate basis				D.
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	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:		3		
	X Separate basis Consolidate basis Both consolidated an separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assume responsibility for oversity of				
	the audit, review, or compilation of its financia statement and selection of an incidence accountant		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on			n =	
	Schedule O.				==
3а	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?		3a		х
h	of "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		. 3b		
_				000	0 (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

Name of the organization

DAYSTAR LIFE CENTER,

Employer identification number 65–0523539

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1	er the hospital's name,								
A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Ent city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described.	er the hospital's name,								
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Ent city, and state: 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)(iii).	er the hospital's name,								
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Ent city, and state: 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)(iii). Ent city, and state:	er the hospital's name,								
city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit descr	er the hospital's name,								
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit descr									
section 170(b)(1)(A)(iv). (Complete Part II.)	ibed in								
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
An organization that normally receives a substantial part of its support from a governmental unit or from the general described in section 170(b)(1)(A)(vi). (Complete Part II.)	al public								
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the coll	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,	cene da e esternante								
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% support from gross investment income and unrelated business taxable income (less section 511 tax) from busines acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)	of its								
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
An organization organized and opera ed explusively for the benefit of, to particular functions of or to carry out the purposes									
of one or more publicly supported or anizations described (Section 509 a)(1) or section 509 a)(2), see section 509(a)(3). Check the box in lines 12a through 13d the discribes the type of supporting organication and some set 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 control or management of the supporting organization vested in the same persons that control or manage the 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.	grated with,								
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization that is not functionally integrated. The organization generally must satisfy a distribution requirement and an att									
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	pe III								
functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations									
f Enter the number of supported organizations g Provide the following information about the supported organization(s).									
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of moneta	ry (vi) Amount of								
organization (described on lines 1–10 listed in your governing support (see	other support (see								
above (see instructions)) document? instructions)	instructions)								
Yes No									
(A)									
(B)									
(C)									
(D)									
(D)									
(E)									

Page 2

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

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

Sec	tion A. Public Support			, ,			
	ndar 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	Total. 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	Public support. Subtract line 5 from line 4				THE STEELS	RY Britain	9,624,295
	tion B. Total Support						
Cale	ndar 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	3,901	44,109	_12,643	23,914	100,793
9	Net income from unrelated business activities, whether or not the business is regularly carried on	שווע	ווני	20h	y		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10					1,27	9,725,088
12	Gross receipts from related activities, etc.	(see instructions)				12	7,909
13	First 5 years. If the Form 990 is for the org	100	cond, third, fourth	, or fifth tax year as	s a section 501(c)		.,,
	organization, check this box and stop here				` '	` '	▶□
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2020 (line 6,	column (f) divided	by line 11, column	n (f))		14	98.96%
15	Public support percentage from 2019 Sche	edule A, Part II, line	14	there is a	St. Sharishaankiida	15	99.13%
16a	33 1/3% support test—2020. If the organi	zation did not checl	k the box on line 1	3, and line 14 is 33	3 1/3% or more, c	heck this	
	box and stop here. The organization quali	fies as a publicly su	ipported organizat	ion		6	▶ X
b	33 1/3% support test—2019. If the organi			or 16a, and line 15	is 33 1/3% or mo	ore, check	
	this box and stop here . The organization of	qualifies as a public	ly supported orgar	nization	910 - \$14000 1000 1005 244 - 5		
17a	10%-facts-and-circumstances test—202	If the organizatio	n did not check a	box on line 13, 16a	, or 16b, and line	14 is	
	10% or more, and if the organization meet	s the "facts-and-circ	cumstances" test,	check this box and	stop here. Expla	ain in	
	Part VI how the organization meets the "fa	cts-and-circumstan	ces" test. The org	anization qualifies a	as a publicly supp	orted	
	organization	#19UF18000#2#00#19U#180#U#2#00#1#0#3					************* >
b	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the '	'facts-and-circumst	ances" test. The o	rganization qualifie	es as a publicly su	ipported	
	organization		/2/22/22/22/2				
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b	, 17a, or 17b, chec	k this box and se	е	ovussita terapsitta teli
	instructions				******		

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.)

Sec	tion A. Public Support	,		, p			
	ndar 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.")				<u>.</u>		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		Sales Bullet				
Sec	tion B. Total Support				111		
Cale	ndar year (or fiscal year beginning in)	(a) 20 16	(t) 2017	(c) 200	2019	(e) 2020	(f) Total
9	Amounts from line 6	77. 73			9		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the org organization, check this box and stop here		second, third, four				•
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2020 (line 8,			mn (f))		15	%
16	Public support percentage from 2019 Sche	edule A, Part III, li	ne 15				%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2020 (lin			3, column (f))	(0.000,000,000,000,000,000,000,000,000,0		
18	Investment income percentage from 2019 S				*********	<u>18</u>	%
19a	• • • • • • • • • • • • • • • • • • • •						. ┌
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2019. If the organ	=	=				
	line 18 is not more than 33 1/3%, check thi						
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this b	ox and see instruc	tions	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
1		
3a		
3b		
3с		
4a		
19.	5	
4b		
		41
31		
4c		
		37
5a		
5b		
5c		
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8		1511
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9a		1-97
9b		
9с		
10.71	5 64 6	100
10a	3,1	1-6-
10b	0 or 990-	

Par	t IV Supporting Organizations (continued)			, ago o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	la d	-	
а	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?	11a		
þ	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		78	
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	7 V		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		100 3	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		K	
<u> </u>	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			6.
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1100
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	15		
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Secti	the supported organization(s). on D. All Type III Supporting Organizations			
Deci	on B. All Type in cupporting againsticing		Yes	No
4	Did the organization provide to each of appointed organization, buthe last of affiliation that the		165	NO
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	100		11-
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	2		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1000
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have		33.2	
3	a significant voice in the organization's investment policies and in directing the use of the organization's	4.5		K.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	15		
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions,		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	VEY!		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	15-3/4		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		The last	1577
	how the organization was responsive to those supported organizations, and how the organization determined	10		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	1 21	-	100
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	(Es	15911	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	150	S	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		- 311	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Name of		-7. "
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1000	Dile-	100
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sched	ule A (Form 990 or 990-EZ) 2020 DAYSTAR LIFE CENTER, INC.		65-0523	539 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	/. 20, [·]	1970 (explain in Part VI). S	See
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	olete Sections A through E	
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion 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):			LANGE IN COLUMN
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	- 1		
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. En er 0.015 of in 2.44 r freater emount.			
	see instructions).	~	A Y	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		THE PROPERTY OF	
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Гуре І	II supporting organization	
	(see instructions).			

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sect	Section D – Distributions								
1_	Amounts paid to supported organizations to accomplish exempt purpo								
2	Amounts paid to perform activity that directly furthers exempt purposes								
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations							
	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide det.)	oils in Bert VA							
6	Other distributions (describe in Part VI). See instructions.	alls III Part VI)							
7	Total annual distributions. Add lines 1 through 6.								
8	Distributions to attentive supported organizations to which the organizations	ation is responsive							
_	(provide details in Part VI). See instructions.	ation to reopensive							
9	Distributable amount for 2020 from Section C, line 6								
10	Line 8 amount divided by line 9 amount								
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
	From 2016			REPLEASED.					
с	From 2017								
d	From 2018								
	From 2019								
f	Total of lines 3a through 3e	UUU							
	Applied to underdistributions of prior years	I IC DI CO	<i>3</i>						
	Applied to 2020 distributable amount	Review III III III III III III III III III I							
<u>-</u> +									
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			SALE VERNICE					
•	Distributions for 2020 from Section D, line 7: \$								
a	Applied to underdistributions of prior years								
-	Applied to 2020 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.			CERTAE BOX SERVICE					
5	Remaining underdistributions for years prior to 2020, if	Date Factorists	1081 1081						
	any. Subtract lines 3g and 4a from line 2. For result								
	greater than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020 Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			100 March 1981					
8	Breakdown of line 7:								
а	Excess from 2016								
	Excess from 2017								
с	Excess from 2018								
	Excess from 2019		CONTRACTOR AND						
_	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

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.

Open to Public Inspection

OMB No. 1545-0047

me	of the organization		Employer identification number
Dž	AYSTAR LIFE CENTER, INC.		65-0523539
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
1	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's excl	lusive legal control?	Yes No
3	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7,	
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	
	Preservation of land for public use (for example, recreation or educ	cation) 🔛 Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified hi	storic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a cons	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	1 Cani	2a
b	Total acreage restricted by conservation easemer's Number of conservation easements on a striked his orner accurate.		2b
С	Number of conservation easements on a seried historical ucture inc	ded in	2c
d			
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex		ation during the
	tax year ▶		
4	Number of states where property subject to conservation easement is	located >	
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	S	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
	►		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ease	ments during the year
	▶\$	-	
В	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)((i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem	ents in its revenue and expense stateme	ent and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that	describes the
	organization's accounting for conservation easements.		
Pa	art III Organizations Maintaining Collections of Art,		Similar Assets.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and balan	ice sheet works
	of art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtheranc	e of public
	service, provide in Part XIII the text of the footnote to its financial state	ments that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balance s	sheet works of
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		 ▶ \$
	(ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		**************************************
2	If the organization received or held works of art, historical treasures, or	r other similar assets for financial gain, p	rovide the
	following amounts required to be reported under FASB ASC 958 relation	ng to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		\$

Sche	dule D (Form 990) 2020 DAYSTAR L				65-052				Page 2
Pa	rt III Organizations Maintaining	Collections of A	rt, Historical Tr	easures,	or Other S	Similar As:	sets (co	ntinue	ed)
3	Using the organization's acquisition, accessio collection items (check all that apply):	n, and other records, o	check any of the follo	owing that m	ake significa	nt use of its			
а	Public exhibition	d Lo	an or exchange prog	ıram					
b	Scholarly research	e Ot	her						
С	Preservation for future generations								
4	Provide a description of the organization's col	lections and evoluin be	ow thou further the e	raanization's	ovemet eur	mass in Bort			
7		iccuons and explain in	ow they faither the o	igailization s	exempt pur	pose in Fan			
_	XIII.								
5	During the year, did the organization solicit or						Г	\neg	
-	assets to be sold to raise funds rather than to		t of the organization	s collection?			.99	Yes	No.
Pa	rt IV Escrow and Custodial Arra	_				_			
	Complete if the organization	answered "Yes" o	on Form 990, Par	t IV, line 9	, or report	ted an amo	ount on I	Form	
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodia	n or other intermediar	y for contributions or	other asset	s not				
	included on Form 990, Part X?			normonera que a resulta			NTENTALI	Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	wing table:						
		•	•				Ar	mount	
_	Beginning balance					1c			
		57				(30430)			
a	Additions during the year		300		g • • • • 60 • • 60000	1d			
е	Distributions during the year								
f	Ending balance	······································				1f			
	Did the organization include an amount on Fo							Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the expl	anation has been pro	ovided on Pa	rt XIII				
Pa	rt V Endowment Funds.								
	Complete if the organization	answered "Yes" o	n Form 990, Par	t IV, line 1	0				
		(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three years	back ((e) Four ye	ears back
1a	Beginning of year balance	635,209	1 102,917		_				
h	Contributions	10000	500,000	7	d d60				
			30,00		W -				
С	Net investment earnings, gains, and	155.000	22.424		J				
	losses	165,822	33,134	-	27,957				
	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses	8,442	882						
	End of year balance	892,589	635,209	10	2,957				
	Provide the estimated percentage of the curre								
	Board designated or quasi-endowment		ilile 19, coldilil (a)) i	neid as.					
а	board designated of quasi-endowners	73.00%							
	Permanent endowment ▶ 27.00 %								
С	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c show	ıld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organization	on that are held and	administered	for the				
	organization by:						744	Y	es No
	(i) Unrelated organizations						ſ	3a(i)	X
	(II) D-1-4-4							3a(ii)	x
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require						3b	
						reclusiveseice	ierosii: L	30	-1
_	Describe in Part XIII the intended uses of the		ment tunas.						
Pa	rt VI Land, Buildings, and Equi								
	Complete if the organization	answered "Yes" o	on Form 990, Par	rt IV, line 1	1a. See F	orm 990, I			
	Description of property	(a) Cost or other basi	is (b) Cost or o	ther basis	(c) Acci	umulated	(d	i) Book val	lue
		(investment)	(othe	er)	depre	eciation			
1a	Land		29	98,556				29	B,556
	Buildings								
	Leasehold improvements			5,931		2,570		-	3,361
				9,816		9,816		•	, , , , ,
	Equipment		2 00	95,585		253,641		64.	1,944
_	Other	1							
ota	I. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part X	, column (B), line 10	C.)		>		, 74.	3,861

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" or	Form 990 Part IV lin	ne 11b. See Form 990. Par	rt X line 12
	(a) Description of security or category	(b) Book value	(c) Method of val	
	(including name of security)		Cost or end-of-year m	
(1) Financial of	derivatives		1	
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)	EE OR TEESTEECHESERSEREINSEREINSEREISEREINSEREINSEREINSEREIN			
(G)				
(H)	7/1)		*	
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" or	Form 990 Port IV lin	20 110 Soo Form 000 Por	t V line 12
	(a) Description of investment	(b) Book value	(c) Method of val	
	(a) Description of investment	(b) Dook Value	Cost or end-of-year m	
_(1)				
(2)				
(3)				
(4)				
(5)		"		
(6)		*		
(7)		10-	1 -	
(8)	l Jien			
(9)	Olicii		Jy	
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	ne 11d. See Form 990, Pai	rt X, line 15.
=	(a) Description			(b) Book value
(1)	Endowment fund			892,589
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
	on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		>	892,589
	Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV, lii	ne 11e or 11f. See Form 9	90, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			
_(2)				
_(3)				
_(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on (h) must equal Form 000. Port Y cal. (P) line 25.1		•	
	an (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's		the
-	liability for uncertain tax positions under FASB ASC 740. Ch	-	-	

SUITE	Eddie D (Form 990) 2020 DAIDIAN BIFE CHAIRN, INC	05-	002000	rage •
Pa	Reconciliation of Revenue per Audited Financial		e per Return.	
4	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 12a.		1 700 66
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1,790,664
2 a	Net unrealized gains (losses) on investments	2a		
a b			100.0	
C	Donated services and use of facilities	2c 2c	1, 2	
d	Recoveries of prior year grants Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	20	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	, ive	
b	Other (Describe in Part XIII.)	4b		
С	The state of the s		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	2.)	5	1,790,664
	art XII Reconciliation of Expenses per Audited Financia			
	Complete if the organization answered "Yes" on Forr		p-: ::••••	
1	Total expenses and leaves not sudited financial eleternants		1	1,771,669
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		**********	_,,
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	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:		153((3)(1)(1)(1))	
а	Investment expenses not included on Form 99% Fair VIII_line 7b	△ 4a		
b	Other (Describe in Part XIII.)	4b	2.44	
C	Add lines 4a and 4b	CODY	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	1,771,669
	art XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			9
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t		ion.	
P	art XIII - Supplemental Financial Info	ormation		
T	he permanent endowment held by Commun:	ity Foundation of	f Tampa Ba	y is
			- •	_
1	ntended for long-term growth and the o	declared distrib	utions use	d as a
	announce of the state of the state of			_
ľ	evenue stream when the Board elects to	receive them.	The quasi-	endowment
	eld by the Diselles Community Warmist			
	eld by the Pinellas Community Foundat:	ion is intended	cor long-t	erm growth
-	nd ugod for program goweigog og mode.		1	
a.	nd used for program services as needed	i; the entire ba	lance of t	ne runa can
h	a withdrawm at any time with a majorit	of the D		£ 4443
	e withdrawn at any time with a majori	cy vote of the B	Dard. As o	r the end
_	f the fiscal year, no distributions or	r withdwarala ba	baan +-:	
U	t the fiscal year, no distributions of	withdrawais ha	ve been ta	ken.
1111		******		
t een				

Schedule D (Fo	orm 990) 2020	DAYSTAR	LIFE	CENTER,	INC.	65-0523539	Page 5
Part XIII	Supplemen	tal Information	on (conti	inued)			
		21212222222222					
							Eventuel en en

E-9444444444444			**********				
2010/2010/01/6-2021 01/01/01/01/01			**********				ras-turca viraseruooroises
			21221221212		2721-22000		
		**********			******		
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Department of the Treasury

Internal Revenue Service

SCHEDULE G (Form 990 or 990-EZ)

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number DAYSTAR LIFE CENTER, INC. 65-0523539 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 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? 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in control of organization contributions' col. (i) Yes No 3 5 6 7 8 9 10 Total 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.

Schedule G (Form 990 or 990-EZ) 2020 DAYSTAR LIFE CENTER, INC. 65-0523539 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 PLAY FOR HUNGER Garden Party None (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 1 Gross receipts 107,858 42,600 150,458 107,858 42,600 2 Less: Contributions 150,458 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 1,825 1,825 8 Entertainment 64 9 Other direct expenses 10 Direct expense summary. Add lines 4 frough 11 Net income summary. Subtract line 1 Gaming. Complete if the gamilia lo line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes % 6 Volunteer labor No 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) 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? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2020	DAYSTAR	LIFE	CENTER,	INC.	65-05235	39	Page 3
11	Does the organization conduct gaming	activities with nor	members	?			Y	res No
12	Is the organization a grantor, beneficia	ry or trustee of a t	rust, or a r	nember of a pa	rtnership or oth	er entity	555	5-2
	formed to administer charitable gaming						, <u> </u>	res No
13	Indicate the percentage of gaming act	-				ĝ.	ñ	
а	The organization's facility			· · · · · · · · · · · · · · · · · · ·		13a		%_
b	An outside facility		574111111111111111111111111111111111111				<u> </u>	%
14	Enter the name and address of the pe records:	rson who prepares	the organ	nization's gamin	g/special event	s books and		
	Name ►	E 2 11 1 E 2 E 8 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E 9 P 2 E					VENEZOTA	
	Address ▶		10315331533153	randantantana.				
15a	Does the organization have a contract revenue?							∕es
b	If "Yes," enter the amount of gaming re	evenue received b	y the orga	nization ▶ \$		and the	ē	
	amount of gaming revenue retained by	the third party	\$					
С	If "Yes," enter name and address of th							
	Name			Banananan natar				

16	Gaming manager information:							
	Name							
	Name		Partiera . Reseas	1		***************************************		
	Name ► Gaming manager compensation ► \$ Description of services provided ►		er) II	jor)V		
	Description of services provided ▶			******				
	Director/officer Em	ployee	Indep	endent contrac	tor			
17	Mandatory distributions:							
а	Is the organization required under stat	e law to make cha	ritable dist	tributions from t	he gaming proc	eeds to		
	retain the state gaming license?				0 01			Yes No
b	Enter the amount of distributions requi						× 🖵	
	spent in the organization's own exemp	t activities during t	he tax yea	ar ▶ \$				
Pa						t I, line 2b, columns (iii) and		
		o, 15b, 15c, 16,	and 17	b, as applica	ble. Also pro	vide any additional informati	on.	
_	See instructions.							
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public

Inspection

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

General Information on Grants and Assistance

Part |

INC.

CENTER,

DAYSTAR LIFE

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

Employer Identification number 65-0523539 8 X

1 Does	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	e amount of the good	grants or ass grant funds	rants or assistance, the grantees' grant funds in the United States.	eligibility for the grants	s or assistance, and		Yes X NC	ĕ
Part II	Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received more	nestic Organ eceived more	izations than \$5,0	izations and Domestic Governments. Complete if the organizatio than \$5,000. Part II can be duplicated if additional space is needed.	vernments. Com duplicated if additi	plete if the orga onal space is n	inization answere eeded.	izations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, than \$5,000. Part II can be duplicated if additional space is needed.	
	(a) Name and address of organization or government	(p) EIN		(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1)									
(2)									
				(V				
(3)	. The state of the	<u>ر</u>	9	า าน	opy				
(4)									
(5))								
(9)									
(2)	7								
(8)									
(6)									
2 Ente	Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table	ganizations listed 1 table		in the line 1 table				A	1

Schedule I (Form 990) (2020)

Schedule I (Form 990) (2020) DAYSTAR LIFE CENTER, INC.	CENTER, INC.		65-0523539		Page 2
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	o Domestic Individua onal space is needed.		rganization answered	s. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	V, line 22.
(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 informator required in Part, line 7.1 art III	vide the information re	quired in Part, line	, r art III, column (b);	, column (b); and any other additional information.	nformation.
Part I, Line 2 - Procedures	Procedures for Monisorin				
The organization maintains detailed	detailed records	rds to determine	the	eligibility of	
each individual receiving assistance.	ssistance.				

Part IV - Additional Information

All required information is recorded according to grant requirements.

Proper documentation is retained for specified number of recipients.

Schedule I (Form 990) (2020)

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047 2020

Open To Public

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

		IFE C	CENTER, INC.			65-052	3539		
Pa	rt 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 dete noncash contribution			
1	Art — Works of art								
2	Art — Historical treasures								
3	Art — Fractional interests								
4	Books and publications								
5	Clothing and household goods	x		87,915	fair va	lue			
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		Miala						
14	Qualified conservation contribution — Other		,neni) (
15	Real estate — Residential				J				
16	Real estate — Commercial								
17	Real estate — Other								
18	Collectibles								
19	Food inventory	X	694	482,497	fair va	lue			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts				_				
25	Other > (personal hygien)	Х	176	39,375	fair va	lue			
26	Other ►()								
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by t	_	• ,						
	which the organization completed Fo	rm 8283, I	Part IV, Donee Acknowle	edgement	29				,
								Yes	No
30a	During the year, did the organization			•	-				
	28, that it must hold for at least three			ontribution, and which isn't	required				+
	to be used for exempt purposes for the		olding period?				30a		X
b	If "Yes," describe the arrangement in						17.5		
31	Does the organization have a gift acc	ceptance p	policy that requires the re	view of any nonstandard					
	contributions?		vvvv vv				31		X
32a	Does the organization hire or use this	rd parties	or related organizations t	o solicit, process, or sell no	oncash				
				<u> </u>	6556		32a		X
	If "Yes," describe in Part II.						Size()	1	
33	If the organization didn't report an an	nount in co	olumn (c) for a type of pr	operty for which column (a)) is checked,				28
	describe in Part II.						المنطا		

Schedule M (Fo	rm 990) 2020	DAYSTAR	LIFE	CENTER,	INC.		65-052353	19	Page 2
Part II	Supplen the organ	nental Inform nization is rep	nation. Porting in	rovide the info Part I, columi	ormation n (b), the		I, lines 30b, 32 ibutions, the nu	b, and 33, and whethe mber of items received	r
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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 Travelars Aid program volunteers provided services to 96 individuals. Through bilized, 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 copays 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 of 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.

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.

Page 1 of 2

Name of the organization DAYSTAR LIFE CENTER, INC.		Employer identification number 65-0523539
		03 002333
Form 990, Part VI, Line 15a - Com	pensation Process for T	op Official
The Board of Directors reviews an		· · · · · · · · · · · · · · · · · · ·
compensation annually based on it		Statistic Isheatanu
including the change in CPI for t		
organization, and the performance	of the employee. The	information is
discussed and reviewed by the Exe	cutive Committee, then	voted upon.
* *************************************	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
Form 990, Part VI, Line 19 - Gove	rning Documents Disclos	sure Explanation
Copies of Daystar's most recent a	udit, Form 990, Conflic	t of Interest
Policy, Disclosure Policy, and Wh	istle Blower Policy are	a available for
inspection at the office. Copies	are provided upon requ	iest.
Clier	nt Copy	
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		Page 2 of 2

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SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

DAYSTAR LIFE CENTER, INC.

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection 2020

OMB No. 1545-0047

65-0523539

Part	Identification of Disregarded Entities. Complete if the	organization ansv	wered "Yes" on F	organization answered "Yes" on Form 990, Part IV, line 33.	', 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	6
(1)					5-1			•
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Part II	Identification of Related Tax-Exempt Organizations. Cone or more related tax-exempt organizations during the t	Complete if the organization answered "Yes" tax year.	ganization answ		orm 990, Part IV,	on Form 990, Part IV, line 34, because it had	it had	
Er E	(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	Section 512(b)(13) confrolled entity?	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
(1) ST. 1 514	MARY'S OUR LADY OF GRACE 59-0657330							
ST.	PETERSBURG FL 33701	СНИКСН	FL	501c3	F	DIOCESE OF		×
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Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020 DAYSTAR LIFE CENTER, INC

Page 2

65-0523539

Schedule R (Form 990) 2020 Percentage ownership Section 512(b)(13) controlled entity? Yes No (I) General or managing partner? Yes No 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. 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. (h) Percentage ownership Code V—UBI amount In box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets (h)
Disproportionate
alloc.? Yes No (a) Share of end-of-year assets **6** (f) Share of total income lient Copy (f) Share of total income Type of entity (C corp, S corp, or trust) 0 (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling
entity Legal domicile foreign country) (state or છ (c) Legal domicile (state or foreign country) Primary activity Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization (a) Part IV Part III DAA € lΞ lΞ 2 <u>ල</u> 3 <u>ල</u> 3

Schedule R (Form 990) 2020 DAYSTAR LIFE CENTER, INC.

Part V

65-0523539

Page 3

Yes No

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.				٨	Yes	9 N
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?	re related organizations listed i	in Parts II–IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	^	×
b Giff. grant, or capital contribution to related organization(s)				1b		×
Giff grant or capital contribution from related organization(s)			医艾二氏结肠 医结节性性 医阴茎 医生物 医克勒特氏病 医克勒氏病 医克勒氏病 医克勒氏病	10	×	
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d Loans or loan guarantees to or for related organization(s)		9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	100000000000000000000000000000000000000	2 .	Ψ΄	١,
e Loans or loan guarantees by related organization(s)				- 16	1	4
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f Dividends from related organization(s)				1,	_	se.
n Sala of assate to related organization(s)				10	_	×
Social of assets to telescological factories (see English)	A STATE OF THE PERSON NAMED IN COLUMN STATE OF THE PERSON NAMED IN			÷	F	×
	***************************************	gitalization in income secondaria		;	ľ	,
i Exchange of assets with related organization(s)	direction of the second	*************************		= ;		ډ ,
 Lease of facilities, equipment, or other assets to related organization(s) 				=	1	اہ
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				4	1	. ا
I Performance of services or membership or fundraising solicitations for related organization(s)				=		×
m Performance of services or membership or fundraising solicitation gray and organization(s)	(1 E	×	1
elated organizations				1n		×
Charing of paid employees with related organization(s)	こうう		· 아니는 아이	9		×
originity of para employees with related organization (s)		The contract of the contract o			10	
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p Reimbursement paid to related organization(s) for expenses			****	4	+	: ۵
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r Other transfer of cash or property to related organization(s)				+	_	×
s Other transfer of cash or property from related organization(s)				1s	_	×
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.	te this line, including covered re	elationships and transac	tion thresholds.			1
ı	(4)	(3)				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	nt involved		
(1) ST. MARY'S OUR LADY OF GRACE	ט		CASH RECEIVED			1 1
(2)						1
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(4)						1
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(9)						
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65-0523539

Page 4

Schedule R (Form 990) 2020 DAYSTAR LIFE CENTER, INC.

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

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 Pri	Primary activity dd (\$) (\$) (\$	(c) Legal domicile (state or u foreign	(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)	(l) General or managing partner?	(k) Percentage ownership
(L)				2	11					
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(5)					<i>(</i> -					
(6)										
(6)										
(10)										
(11)										
								Schedu	Schedule R (Form 990) 2020	n 990) 20

Schedule R (F	om 990) 2020	DAYSTAR	LIFE	CENTER,	INC.	65-0523539 Page 5
Part VII	Supplemen	tal Information	on.			
Part VII	Provide add	litional informa	tion for r	responses to	questions on Schedule R.	. See instructions.
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Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return Identifying number 65-0523539 DAYSTAR LIFE CENTER, INC. Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,040,000 1 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,590,000 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-, If married filing separately, see instructions 5 (a) Description of property (c) Elected cost (b) Cost (business use only) 6 Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 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 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12 **1**3 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified properly tother than listed properly during the tax year. See instructions 14 Property subject to section 168(f)(1) elect 15 101,532 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A MACRS deductions for assets placed in service in tax years beginning before 2020 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2020 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period only-see instructions) service 19a 3-year property 5-year property h 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L b MM 30-year 30 yrs. S/L С 40-year 40 yrs. MM S/L Summary (See instructions.) Listed property. Enter amount from line 28 21 21

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

For assets shown above and placed in service during the current year, enter the

101,532

22

65-0523539

FYE: 8/31/2021

Federal Asset Report

Form 990, Page 1

Date Bus Sec **Basis** Description In Service Cost Asset 179Bonus for Depr PerConv Meth Prior Current Other Depreciation:

1 METAL PANTRY SHELVING
7 2 EPSON 840 ASSET 3/27/06 1,361 1,361 10 MO S/L 1,361 7 5 6/01/11 458 458 MO S/L 458 0 2 LARGE TVS 998 1/31/12 MO S/L 998 0 5 37 " SAMSUNG MONITOR 5/10/12 428 428 MO S/L 428 0 5 5 17 3 DELL GX520 DT COMPUTERS 6/07/12 457 457 MO S/L 457 0 2 - 50" GLASS DISPLAY FREEZERS 21 3/14/13 6,161 6,161 MO S/L 6,161 0 MOTHERBD COMPUTER 25 8/08/14 1,044 1,044 5 MO S/L 1.044 0 5 26 PRINTER JANES OFC 1/16/15 188 188 MO S/L 188 0 28 WATER FNT RECEPT 12/21/05 850 850 MO S/L 765 85 Sold/Scrapped: 8/31/21 SINGLE DR COOLER 2/05/16 30 1,080 1,080 MO S/L 108 1,562 42 SIGN OVR DOOR 3/25/15 1,562 15 MO S/L 573 104 5/01/15 43 SIGN MONUMENT 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 4/13/17 290,808 290,808 Land 0 55 FURNITURE & EOUIPMENT- 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 Land 0 2,309,741 57 Building at 1055 28th St S 5/01/19 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 3,972 44,688 44,688 15 MO S/L 2,979 Flooring 60 5/01/19 40,800 40,800 20 MO S/L 2,720 2,040 61 Pantry/closet fixtures 7/09/19 7 7 1,591 1,591 MO S/L 265 227 Phone system 25,707 25,707 3/31/19 MO S/L 5,203 3,672 63 Security system 26,573 5/09/19 26,573 7 MO S/L 5,061 3,797 64 Exterior signs 8個0個9 510 MO S/L 76 73 65 Garden and planters MO S/L 348 262 New office furniture 66 MO S/L 5,792 4,212 67 Moving costs/ donated furniture 777 MO S/L 286 214 12 4-drawer file cabinets 68 MO S/L 1,771 1,372 69 Credenza 5/24/19 750 MO S/L 138 108 Ceiling mounted projector 7 7 70 5/24/19 750 750 MO S/L 138 108 71 Kitchen appliances 5/02/19 4,541 4,541 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 74 4 top loading freezers 7/01/19 2,801 2,801 7 MO S/L 467 400 Pantry ladder, pallet truck, misc equip 7/01/19 7 4.081 4,081 MO S/L 680 583 75 4/24/19 Windows update 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 970 1,131 77 78 1,792 4 Televisions 7/02/19 1,792 5 MO S/L 418 358 Window shades 5/01/19 5,126 7 MO S/L 976 5,126 733 Additional land costs 6,583 79 8/31/17 0 6,583 Land 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 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 6,507 85 Gas meter installation 6/03/20 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 7 7 MO S/L 375 500 88 Dishwasher 2/17/21 1,774 1,774 MO S/L 127 89 Garden shed and workbench 2/17/21 3,525 3,525 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 MO S/L 0 400 93 Sprinkler system 2/10/21 1,900 1,900 15 0 MO S/L 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 53,534 15 15 ō MO S/L 96 Generator 7/26/21 53,534 MO S/L 0 297 97 Electrical work - gardens 8/27/21 600 600 15 MO S/L 0 0 Electrical work - programs 5,850 8/27/21 5,850 15 MO S/L 0 0 Irrigation system for gardens 8/31/21 2,500 2,500 15 MO S/L 0 0 **Total Other Depreciation** 3,210,738 3,210,738 165,345 101,532 **Total ACRS and Other Depreciation** 3,210,738 3,210,738 165,345 101,532

04/28/2022 12:51 PM

65-0523539

Federal Asset Report

FYE: 8/31/2021

Form 990, Page 1

04/28/2022 12:51 PM

Asset	Description Date In Ser		Bus Sec Basis Mark 179Bonus for Depr PerConv Meth	Prior Cu	urrent
	Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense	3,210,738 850 0	3,210,738 850 0	165,345 765 0	101,532 85 0
	Net Grand Totals	3,209,888	3,209,888	164,580	101,447

FYE: 8/31/2021

Form 990, Page 1

1175 DAYSTAR LIFE CENTER, INC.

AMT Asset Report

04/28/2022 12:51 PM

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec <u>%</u> 179Bc	Basis onus for Depr	PerConv M	eth Prior	Current
52-772 (1-7-7-7	<u> </u>							
Other	Depreciation: METAL PANTRY SHELVING	3/27/06	0		(0 HY	0	0
7	2 EPSON 840 ASSET	6/01/11	0		Č		0	0
	2 LARGE TVS	1/31/12	0		C		0	0
16 17	37 " SAMSUNG MONITOR 3 DELL GX520 DT COMPUTERS	5/10/12 6/07/12	0		(0	0
21	2 - 50" GLASS DISPLAY FREEZERS	3/14/13	0		Č	0 HY	ő	ő
	MOTHERBD COMPUTER	8/08/14 1/16/15	0		(0	0
26 28	PRINTER JANES OFC WATER FNT RECEPT	1/10/13	0		(0	0
	Sold/Scrapped: 8/31/21							
30 42	SINGLE DR COOLER SIGN OVR DOOR	2/05/16 3/25/15	0		(0	0
43	SIGN MONUMENT	5/01/15	0		(0	0
47	CJEVY SUBURBAN 2500 VAN	5/18/04	0		C	0 HY	0	0
52 53	Ford van E250, 2002 Land	9/01/10 4/13/17	0		(0	0
	FURNITURE & EQUIPMENT- ACCT 312		0		(0	0
	Additional land cost	10/02/18	0		(0	0
57 58	Building at 1055 28th St S Building roof	5/01/19 5/01/19	0		(0	0
59	Air conditioners	5/01/19	0		(0	0
60	Flooring	5/01/19	0		(0	0
61 62	Pantry/closet fixtures Phone system	7/09/19 3/31/19	0		(0	0
63	Security system	5/09/19	0		Č	0 HY	ő	ő
64	Exterior signs	8/20/19	_ 9		(0 HY	0	0
65 66	Garden and planters New office furniture	4 22			opy	0 HY 0 HY	0	0
67	Moving costs/ donated furniture	J4 2 5 4 5 4 5 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6	<i>i</i> d	\sim	\mathbf{O}	0 HY	ő	ŏ
68 69	12 4-drawer file cabinets Credenza	5/24/19 5/24/19	0			0 HY 0 0 HY	0	0
70	Ceiling mounted projector	5/24/19	0		(0 HY	0	0
71	Kitchen appliances	5/02/19	0		(0	0
72 73	Walk-in cooler and freezer 4 top loading freezers	5/23/19 7/01/19	0		(0	0
	Pantry ladder, pallet truck, misc equip	7/01/19	0		(ő	0
75	Windows update	4/24/19	0		(0	0
76 77	5 computers and network harddrive 4 Televisions	7/24/19 7/02/19	0		(0	0
78	Window shades	5/01/19	ő		Č		ő	0
79	Additional land costs	8/31/17 5/07/20	0		(0	0
80 81	2019 Isuzu refrig truck Graphics on truck & vans	8/12/20	0		(0	0
82	Daystar monument sign (moved)	10/09/19	0		(0 HY	0	0
83	Sign (back of building) Lightbox sign	1/15/20 1/15/20	0		(: : :::::	0	0
	Gas meter installation	6/03/20	0		(0 0 HY	0	0
86	Solar panels	6/24/20	0		Ó	0 0 HY	0	0
87 88	Access web applications Dishwasher	12/10/19 2/17/21	0			0 0 HY 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 92	Straddle stacker 63" Shelving & racks for pantry	9/30/20 10/28/20	0			0 0 HY 0 0 HY	0	0
93	Sprinkler system	2/10/21	ő			0 0 HY	ő	0
94	Well and pump	7/30/21	0			0 0 HY	0	0
95	Lobby sign Generator	7/26/21 7/26/21	0			0 0 HY 0 0 HY	0	0
97	Electrical work - gardens	8/27/21	ŏ		(0 0 HY	0	0
98	Electrical work - programs	8/27/21	0			0 0 HY 0 0 HY	0	0
99	Irrigation system for gardens	8/31/21				0 HY		
	Total Other Depreciation	: 	0		-	<u>u</u>		0
	Total ACDS and Other Parren	viation	0		4	Λ	0	0
	Total ACRS and Other Depre	nation =			-	<u>0</u>		0
1								

65-0523539

AMT Asset Report Form 990, Page 1 04/28/2022 12:51 PM

FYE: 8/31/2021

Asset Description In Ser		Bus Sec Basis M 179Bonus for Depr PerConv Meth	Prior _	Current
Grand Totals Less: Dispositions and Transfers Net Grand Totals	0	0 0	0 -	0

Depreciation Adjustment Report

FYE: 8/31/2021

65-0523539

All Business Activities

Tax

AMT

AMT Adjustments/ Preferences

04/28/2022 12:51 PM

Form Unit Asset There are no assets that meet the criteria of this report

04/28/2022 12:51 PM

FYE: 8/31/22

65-0523539

FYE: 8/31/2021

Future Depreciation Report

Form 990, Page 1

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

Grand Totals

04/28/2022 12:51 PM

65-0523539

FYE: 8/31/2021

Future Depreciation Report

Form 990, Page 1

Asset Description Date In Service

3,209,888

Tax 106,121 AMT

FYE: 8/31/22

Form **990**

Two Year Comparison Report

For calendar year 2020, or tax year beginning

09/01/20

ending **08/31/21**

2019 & 2020

Name

Taxpayer Identification Number

Ι	DAYSTAR LIFE CENTER, INC.				65-05	523539
			2019	2020		Differences
	1. Contributions, gifts, grants	1.	1,942,638	1,589	,366	-353,272
	2. Membership dues and assessments	2.				
	3. Government contributions and grants		101,395	116	,581	15,186
n e	4. Program service revenue	4.				
_	5. Investment income	5.	12,643	23	,914	11,271
>	Proceeds from tax exempt bonds	6.				
S.	No. 1 and the second se	7.	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		,762	-224
	12. Total revenue. Add lines 1 through 11	12.	2,051,487			-260,823
	13. Grants and similar amounts paid	13.	1,226,917	1,184	,586	-42,331
	14. Benefits paid to or for members	14.				
S)	15. Compensation of officers, directors, trustees, etc.	15.		_		
S	16. Salaries, other compensation, and employee benefits	16.	347,568	342	,461	-5,107
e	17. Professional fundraising fees	17.				
х	18. Other professional fees	18.	37,163		,446	3,283
Ш	19. Occupancy, rent, utilities, and maintenance	19.	60,398		,422	-4,976
	20. Depreciation and Depletion	20.	91,018		,532	10,514
	21. Other expenses	21.	44,935		,222	2,287
	22. Total expenses. Add lines 13 through 21	2.	1,807)999	1,771	,669	-36,330
	23. Excess or (Deficit). Subtract line 22 from le 2	2			,995	-224,493
	24. Total exempt revenue	24.	2,051,487	1,790	,664	-260,823
	25. Total unrelated revenue	25.				
Ö	26. Total excludable revenue	26.	14,904		,606	71,702
Information	27. Total assets		4,645,772	4,818	,525	172,753
Į,	28. Total liabilities	28.	59,302		,174	29,872
든	29. Retained earnings	29.	4,586,470	4,729	,351	142,881
Other	30. Number of voting members of governing body	30.	12	14		REVISE TELL
ō	31. Number of independent voting members of governing body	31.	12	14	8	a line to the second
	32. Number of employees	32.	6	7		
	33. Number of volunteers	33.	200	200	2	

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Form 990		Тах В	Tax Return History			2020
Name DAYSTAR I	LIFE CENTER, IN	INC.			Employer 65-0	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	
Total revenue	1,594,049	2,911,803	2,743,130	2,051,487	1,790,664	
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	-	827	347,568	342,461	
Professional fees	31,796	446873	1 69 ma	37,163	40,446	
Occupancy costs	48,555	S	53, 44	868'09 /	55,422	
Depreciation and depletion	40,551	38,224	36,109	91,018	101,532	
Other expenses	26,264	4	45,358	44,935	47,222	7
Total expenses	1,115,568	1,224,735	1,273,519	1,807,999	1,771,669	
Excess or (Deficit)	478,481	1,687,068	1,469,611	243,488	18,995	
	1 504 040	0 011 000	7173 130	2 051 401	700 000	
Total involved recognition	つ中の「中へつ」十	777	00T/CE//5	/07/TC0/7	T, /30, 664	
Total excludable revenue	31,577	14.753	1.341.876	14,904	86,606	
Total Assets	1,151,458	2,960,963	,343	4,645,772		
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	

65-0523539 FYE: 8/31/2021 **Federal Statements**

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Obs (\$ or %)

4/28/2022 12:51 PM

23,914

Amount

14

Total

23,914

4/28/2022 12:51 PM 21,570 21,570 Fund Raising Fund Raising 1,836 Management & Management & 1,836 General General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) Form 990, Part IX, Line 24e - All Other Expenses 6,840 1,363 6,840 Program Service Program Service Federal Statements 1,363 480 30,246 30,246 Expenses Expenses Total Total 1175 DAYSTAR LIFE CENTER, INC. STAFF & VOLUNTEER DEVELOP LICENSES, FEES & TAXES Description Description FYE: 8/31/2021 65-0523539 Other Fees Total Total 4/28/2022 12:51 PM

Federal Statements

1175 DAYSTAR LIFE CENTER, INC.

FYE: 8/31/2021 65-0523539

Schedule A, Part II, Line 1(e)

Description

116,581 482,497 87,915 39,375 482,118 114,800

Amount

100,000

92,203

40,000

107,858

42,600 1,705,947

±)
Government Grants or Contributions Various Various	Various Various Various	MilkeyFamily Foundation Cash Contribution	Estate of Ellie McManus Cash Contribution	United Way Energy Neighbor Cash Contribution	PLAY FOR HUNGER Cash Contribution	Garden Party Cash Contribution

	>
	2
(
4	
2	
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Total

Amount	23,914	23,914
	ζŷ	₩.

Schedule A, Part II, Line 8(e)

Description

Total

4/28/2022 12:51 PM

Federal Statements

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

Schedule A, Part II, Line 12 - Current year

Description

Amount

1,762

1,762

OTHER INCOME PLAY FOR HUNGER ANNUAL BREAKFAST Garden Party

Total

65-0523539

Federal Statements

4/28/2022 12:51 PM

FYE: 8/31/2021

PLAY FOR HUNGER

Other Direct Fundraising or Gaming Expenses

Description	Am	ount
Printing and postage Miscellaneous	\$	64
Total	\$	64

Federal Statements

FYE: 8/31/2021

65-0523539

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ANNUAL BREAKFAST

Other Direct Fundraising or Gaming Expenses

Description	Amo	ount
PRINTING & POSTAGE CREDIT CARD FEES MISC.	\$	
Total	\$	0

Financial Statements with Independent Auditors' Report

For the Years Ended August 31, 2021 and 2020

Table of Contents

August 31, 2021 and 2020

INDEPENDENT AUDITORS' REPORT	1 - 2
FINANCIAL STATEMENTS	
Statement's of Financial Position	3
Statement's of Activities	4
Statement of Functional Expenses	5
Statements of Changes in Net Assets	6
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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., CPA's

March 9, 2022

Statements of Financial Position

August 31, 2021 and 2020

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

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	Restrictions	Restrictions	1000	10411
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

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	\$1,882,773	\$ 44,484	\$ 56,718	\$1,983,975	\$ 2,002,316

Statements of Changes in Net Assets

Years Ended August 31, 2021 and 2020

	2021	2020
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	18,888	16,738
Increase in net assets without donor restrictions	169,637	313,701
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	(18,888)	(16,738)
(Decrease) in net assets with donor restrictions	(26,756)	(14,344)
Increase in net assets	142,881	299,357
Net assets at beginning of year	4,586,470	4,287,113
Net assets at end of year	\$ 4,729,351	\$ 4,586,470

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)
		(1.50.1.51)		(2=0.00=)
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-each transactions:				
Supplemental information on non-cash transactions: Donation of investments	\$	104,012	\$	5,321
Donation of investments	<u>Ψ</u>	107,012	Ψ	3,341

Notes to Financial Statements

Years Ended August 31, 2021 and 2020

NOTE 1 - SUMMARY OF SIGNIFICANT ACCCOUNTING 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:

<u>Net assets without donor restrictions</u> – 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.

<u>Net assets with donor restrictions</u> – 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.

Notes to Financial Statements

NOTE 1 - SUMMARY OF SIGNIFICANT ACCCOUNTING 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 hierarch 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.

Notes to Financial Statements

NOTE 1 - SUMMARY OF SIGNIFICANT ACCCOUNTING 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:

Expense	<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.

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:	2021	2020
Cash	\$676,713	\$ 829,864
Grants and awards receivable	7,155	27,692
Pledges receivable	37,000	38,500
Investments	<u>259,244</u>	140,538
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	(66,343)	(93,099)
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.

Notes to Financial Statements

NOTE 5 - GRANTS AND AWARDS RECEIVABLE

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

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

NOTE 6 - INVESTMENTS

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

	2021	2020
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 assts 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.

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	With donor	
	(Board designated)	<u>restrictions</u>	<u>Total</u>
Endowment net assets August 31, 2020	\$610,209	\$25,000	\$635,209
Contribu tions	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>	Level 2	<u>Level 3</u>	<u>Total</u>
Stocks and mutual funds	\$259,244	\$ -	\$ -	\$ 259,244
Endowment investments		892,589		892,589
	<u>\$259,244</u>	<u>\$892,589</u>	<u>\$ -</u>	\$1,151,833

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

Notes to Financial Statements

NOTE 9 - PROPERTY AND EQUIPMENT

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

	2021	2020_
Building	\$2,359,799	\$2,359,799
Building improvements	251,653	183,196
Furniture, fixtures, and equipment	187,878	174,769
Vehicle s	112,000	112,000
	2,911,330	2,829,764
Less accumulated depreciation	(266,026)	<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:

	2021	2020
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	50,000	25,000
	<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:

	2021	2020
Food	\$482,497	\$634,685
Clothing	54,425	53,741
Personal items and other	73,165	64,036
Rent	<u>-</u> _	40,430
Total in-kind contributions	\$610.087	\$792,892

NOTE 12 - DONATED SERVICES

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

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

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.