

Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filerFor calendar year 2023, or fiscal year beginning 9/01, 2023, and ending 8/31, 20 24  
**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.****2023****DAYSTAR LIFE CENTER, INC.**EIN or SSN  
**65-0523539**Name and title of officer or person subject to tax **ROBERT PROL  
TREASURER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>2,340,671</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	<b>10b</b> _____

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_ (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize MELBY & ASSOCIATES, P.A., CPA'S to enter my PIN 23539 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date 03/20/25**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**50876662054**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ROBERT M MELBY, CPA Date 03/20/25**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection
**A** For the 2023 calendar year, or tax year beginning **09/01/23**, and ending **08/31/24****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organization**DAYSTAR LIFE CENTER, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**1055 28TH STREET SOUTH**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**ST PETERSBURG****FL 33712****F** Name and address of principal officer:**HEIDE CORNELL****1055 28TH STREET SOUTH****ST PETERSBURG FL 33712****D** Employer identification number**65-0523539****E** Telephone number**727-825-0442****G** Gross receipts \$ **2,824,927****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.DAYSTARLIFE.ORG****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1982****M** State of legal domicile: **FL****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>DAYSTAR PROVIDES A SAFETY NET OF BASIC EMERGENCY SERVICES TO INDIVIDUALS, FAMILIES, SENIORS, VETERANS, AND PERSONS EXPERIENCING HOMELESSNESS IN PINELLAS COUNTY, FLORIDA.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>16</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>16</b>
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>9</b>
	6	Total number of volunteers (estimate if necessary)	<b>250</b>
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 1
7b		Net unrelated business taxable income from Form 990-E, Part I, line 11	<b>0</b>
8		Contributions and grants (Part VIII, line 1h)	<b>2,174,874</b>
9		Program service revenue (Part VIII, line 2g)	<b>0</b>
Expenses	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>28,917</b>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-8,550</b>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,195,241</b>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,649,334</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>420,464</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>324,402</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,394,200</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>-198,959</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>4,373,816</b>
	21	Total liabilities (Part X, line 26)	<b>69,062</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>4,304,754</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer		Date	
	<b>ROBERT PROL</b>		<b>TREASURER</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date
	<b>ROBERT M MELBY, CPA</b>		<b>ROBERT M MELBY, CPA</b>	<b>05/07/25</b>
	Firm's name		Firm's EIN	Check <input type="checkbox"/> if self-employed PTIN
	<b>MELBY &amp; ASSOCIATES, P.A., CPA'S</b>		<b>46-1110900</b>	<b>P00356203</b>
Firm's address		Phone no.		
<b>6420 CENTRAL AVENUE</b>		<b>727-327-7771</b>		
<b>SAINT PETERSBURG, FL 33707</b>				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2023)

**Part III Statement of Program Service Accomplishments**

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



1 Briefly describe the organization's mission:

**WE FIGHT HUNGER, POVERTY, AND HOPELESSNESS BY PROVIDING NECESSITIES OF LIFE TO NEIGHBORS IN NEED. WE ENGAGE, EDUCATE, AND EMPOWER THE COMMUNITY BY PROMOTING THE VALUE OF NUTRITION, GOOD HEALTH AND FINANCIAL LITERACY.**

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

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

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

4a (Code: ) (Expenses \$ 1,695,392 including grants of \$ 1,261,517 ) (Revenue \$ )

**ADDRESSING FOOD INSECURITY: DAYSTAR'S CLIENT CHOICE HEALTHY PANTRY AND ORGANIC FARM IS OPEN 5 DAYS PER WEEK AND THE FIRST AND SECOND SATURDAYS OF THE MONTH AND PROVIDES NUTRITIOUS FOOD FOR OVER 26,000 LOW TO MODERATE INCOME PINELLAS COUNTY RESIDENTS, WHICH IS 25% OF THE COUNTY'S FOOD INSECURE HOUSEHOLDS. OUR FARM YIELDS OVER TWO TONS OF PRODUCE ANNUALLY. IN ADDITION TO FOOD, THE PANTRY PROVIDES HIGH-COST BASIC HYGIENE NEEDS TO STRUGGLING FAMILIES SUCH AS CLOTHING, DIAPERS, FEMININE HYGIENE, INCONTINENT PRODUCTS, BODY WASH, LAUNDRY SOAP, AND PET FOOD.**

Client Copy

4b (Code: ) (Expenses \$ 648,742 including grants of \$ 482,720 ) (Revenue \$ )

**FINANCIAL STABILITY & HOMELESSNESS PREVENTION: DAYSTAR ADDRESSES FINANCIAL INSTABILITY FOR FAMILIES WHO HAVE EXPERIENCED A RECENT FINANCIAL TRAUMA AND ARE AT RISK OF HOMELESSNESS. OUR PROGRAMS PROVIDE SHORT-TERM GAP SERVICE, SUCH AS RENT AND UTILITY ASSISTANCE WHILE SIMULTANEOUSLY PARTNERING WITH THE HOUSEHOLD MEMBERS TO GUIDE THEM THROUGH FINANCIAL LITERACY AND PERSONALIZED EMPOWERMENT ACTIVITIES THAT WILL HELP THEM CREATE A SAFETY NET AND GIVE THEM THE KNOWLEDGE, TOOLS, AND CONFIDENCE REQUIRED TO ACHIEVE FINANCIAL STABILITY. DAYSTAR HAS ACHIEVED A 63% RE-STABILIZATION SUCCESS RATE, MEANING 5 OUT OF EVERY 8 HOUSEHOLDS HAVE BEEN ABLE TO EXIT FINANCIAL CRISIS MODE WITHIN 12 MONTHS.**

4c (Code: ) (Expenses \$ 34,614 including grants of \$ 25,756 ) (Revenue \$ )

**FINANCIAL LITERACY & NUTRITION EDUCATION: DAYSTAR PROVIDES ONE-TO-ONE FINANCIAL LITERACY COACHING. 6 OUT OF EVERY 30 PARTICIPATING HOUSEHOLDS ACHIEVE TWO OUT OF THESE THREE MILESTONES: SAVING \$500, IMPROVED CREDIT SCORE, AND MAINTAINING A POSITIVE BALANCE SAVINGS ACCOUNT WITHIN 12 MONTHS. OUR KIDS EAT PROGRAM PROVIDES GARDENING EXPERIENCES, NUTRITION CLASSES AND TAKE-HOME MATERIALS TO CHILDREN TO COMBAT POOR NUTRITION OFTEN EXPERIENCED BY THOSE WHO RELY ON FOOD PANTRY SERVICES. OVER 100 LOW-INCOME CHILDREN BENEFIT FROM THIS SERVICE. IN 2023, OUR SEEDLINGS TO NEIGHBORS PROGRAM PROVIDED 65 RESIDENTS LIVING IN A DESIGNATED FOOD DESERT WITH THE EDUCATION, SUPPLIES, AND PEER MENTORSHIP NEEDED TO CREATE THEIR OWN RESIDENTIAL MINI FARMS, IMPROVING ACCESS TO FRESH AND HEALTHY FOOD.**

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

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

4e Total program service expenses 2,378,748

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor. <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>9</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>	<b>X</b>
<b>b</b>	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

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

**Section A. Governing Body and Management**

	1a	16	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>16</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?			<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?			<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?			<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?			<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.			<b>9</b>	<b>X</b>

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
**HEIDE CORNELL** **1055 28TH STREET SOUTH**  
**ST PETERSBURG** **FL 33712** **727-825-0442**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEIDE CORNELL	50.00									
EXECUTIVE DIRECTOR	0.00			X				89,507	0	19,165
(2) JAY K. GHOSH	15.00									
PRESIDENT	0.00	X		X				0	0	0
(3) DEACON MICHAEL MENCHEN	3.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(4) MARY ANNE PUTMAN	3.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(5) ROBERT PROL	3.00									
TREASURER	0.00	X		X				0	0	0
(6) DR. JACQUELYN DAWSON	3.00									
SECRETARY	0.00	X		X				0	0	0
(7) FATHER DAMIAN AMANTIA	1.00									
DIRECTOR	0.00	X						0	0	0
(8) CARL BRODY	1.00									
DIRECTOR	0.00	X						0	0	0
(9) PAMELA CADIGAN	1.00									
DIRECTOR	0.00	X						0	0	0
(10) DR. JOHN FOX	1.00									
DIRECTOR	0.00	X						0	0	0
(11) THOMAS LANG	1.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) LINDA LERNER										
(12) DIRECTOR	3.00 0.00	X						0	0	0
(13) TOBY MCDUFFIE										
(13) DIRECTOR	1.00 0.00	X						0	0	0
(14) KEVIN MILKEY										
(14) DIRECTOR	1.00 0.00	X						0	0	0
(15) GEORGE W MONLUX, JR., MD										
(15) DIRECTOR	1.00 0.00	X						0	0	0
(16) SISTER DOLORES O'BRIEN										
(16) DIRECTOR	1.00 0.00	X						0	0	0
(17)										
(18)										
(19)										
<b>1b Subtotal</b>								89,507		19,165
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								89,507		19,165

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

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

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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



				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	262,577			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	29,056			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,027,805			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 988,443			
	h	<b>Total. Add lines 1a-1f</b>		2,319,438			
<b>Program Service Revenue</b>	2a			Business Code			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g	<b>Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		38,295			38,295
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities 437,955	(ii) Other 500		
	b	Less: cost or other basis and sales exps.	7b	446,006	4,613		
	c	Gain or (loss)	7c	-8,051	-4,113		
	d	Net gain or (loss)		-12,164	-12,164		
	8a	Gross income from fundraising events (not including \$ 262,577 of contributions reported on line 1c). See Part IV, line 18	8a	24,352			
	b	Less: direct expenses	8b	33,637			
	c	Net income or (loss) from fundraising events		-9,285			
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	11a OTHER INCOME			Business Code			
	b						
	c						
	d All other revenue						
	e	<b>Total. Add lines 11a-11d</b>		4,387	4,387		
12	<b>Total revenue. See instructions</b>			2,340,671	-7,777	0	38,295

**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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	1,769,993	1,769,993		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	365,074	241,745	17,300	106,029
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	16,330	15,508	789	33
<b>9</b> Other employee benefits	67,817	50,610	1,617	15,590
<b>10</b> Payroll taxes	30,968	21,140	1,161	8,667
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	23,962		23,962	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 4				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	14,148	11,263	1,993	892
<b>12</b> Advertising and promotion	5,000			5,000
<b>13</b> Office expenses	39,327	33,650	708	4,969
<b>14</b> Information technology	6,734			6,734
<b>15</b> Royalties				
<b>16</b> Occupancy	81,268	77,855	1,625	1,788
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	118,183	113,219	2,364	2,600
<b>23</b> Insurance	19,118	18,315	382	421
<b>24</b> 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.)				
<b>a</b> STAFF & VOLUNTEER DEVELOPMENT	15,843	13,286	200	2,357
<b>b</b> VEHICLE EXPENSE	10,276	10,276		
<b>c</b> BANK CHARGES	4,662		705	3,957
<b>d</b> DUES & SUBSCRIPTIONS	4,453	1,147		3,306
<b>e</b> All other expenses	3,068	741	110	2,217
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,596,224	2,378,748	52,916	164,560
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	48,681	1	62,660
	2 Savings and temporary cash investments	95,077	2	25,150
	3 Pledges and grants receivable, net	170,633	3	89,390
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined 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	71,175	8	
	9 Prepaid expenses and deferred charges	18,269	9	14,179
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,296,302		
	b Less: accumulated depreciation	10b 576,676	2,762,659	10c 2,719,626
	11 Investments—publicly traded securities	401,523	11	318,726
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	805,799	15	1,008,719
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	4,373,816	16	4,238,450	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	69,062	17	81,058
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	69,062	26	81,058
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	4,011,661	27	3,945,726
	28 Net assets with donor restrictions	293,093	28	211,666
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	4,304,754	32	4,157,392
	33 <b>Total liabilities and net assets/fund balances</b>	4,373,816	33	4,238,450

**Part XI Reconciliation of Net Assets**

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

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,340,671</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,596,224</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-255,553</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>4,304,754</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>108,191</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>4,157,392</b>

**Part XII Financial Statements and Reporting**

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

☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.  
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

**DAYSTAR LIFE CENTER, INC.**

Employer identification number

**65-0523539****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,044,033	1,705,947	1,964,889	2,174,874	2,319,438	10,209,181
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	2,044,033	1,705,947	1,964,889	2,174,874	2,319,438	10,209,181
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						10,209,181

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2,044,033	1,705,947	1,964,889	2,174,874	2,319,438	10,209,181
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,643	23,911	23,806	29,378	38,295	128,036
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						10,337,217
12 Gross receipts from related activities, etc. (see instructions)					12	51,404
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	98.76 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.58 %
16a <b>33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b <b>10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b> <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	%

**19a** **33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b** **33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

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

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b>	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete <b>line 2</b> below.
<b>b</b>	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.
<b>c</b>	<input type="checkbox"/>	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b>		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
<b>2a</b>		
<b>b</b>		Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b>		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .
<b>3a</b>		
<b>b</b>		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.
<b>3b</b>		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

  

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

  

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j <b>Remainder.</b> Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c <b>Remainder.</b> Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

**Part VI**

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

Client Copy

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

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

Employer identification number

**DAYSTAR LIFE CENTER, INC.****65-0523539****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 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 monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Complete if the organization answered "Yes" 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 balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) 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 other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition  
 b ☐ Scholarly research  
 c ☐ Preservation for future generations  
 d ☐ Loan or exchange program  
 e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

c Beginning balance .....

d Additions during the year .....

e Distributions during the year .....

f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	805,799	731,778	892,589	635,209	102,957
b Contributions	50,000			100,000	500,000
c Net investment earnings, gains, and losses	99,469	79,088	-101,194	165,822	33,134
d Grants or scholarships					
e Other expenditures for facilities and programs			50,000		
f Administrative expenses	6,817	5,067	9,617	8,442	882
g End of year balance	948,451	805,799	731,778	892,589	635,209

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 94.73 %

b Permanent endowment 5.27 %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? .....

(ii) Related organizations? .....

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		298,556		298,556
b Buildings				
c Leasehold improvements		5,931	3,756	2,175
d Equipment		1,080	1,080	
e Other		2,990,735	571,840	2,418,895
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,719,626

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ENDOWMENT FUND	948,451
(2) DEPOSITS ON FIXED ASSETS	60,268
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,008,719

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,692,730
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	108,191
b	Donated services and use of facilities	2b	210,231
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	33,637
e	Add lines 2a through 2d	2e	352,059
3	Subtract line 2e from line 1	3	2,340,671
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,340,671

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

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

1	Total expenses and losses per audited financial statements	1	2,840,092
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	210,231
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	33,637
e	Add lines 2a through 2d	2e	243,868
3	Subtract line 2e from line 1	3	2,596,224
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,596,224

**Part XIII Supplemental Information**

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

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

FUNDRAISING EXPENSES	\$ 33,637
----------------------	-----------

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

FUNDRAISING EXPENSES	\$ 33,637
----------------------	-----------

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

Client Copy

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**DAYSTAR LIFE CENTER, INC.**

Employer identification number

**65-0523539**

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

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

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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? ☐ Yes ☐ No

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

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

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>PLAY FOR HUNGER</b> (event type)	<b>EMPTY BOWLS</b> (event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	229,007	57,922		286,929
	2 Less: Contributions	218,275	44,302		262,577
	3 Gross income (line 1 minus line 2)	10,732	13,620		24,352
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	16,157	414		16,571
	8 Entertainment				
	9 Other direct expenses	13,821	3,245		17,066
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33,637
11 Net income summary. Subtract line 10 from line 3, column (d)				-9,285	

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

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

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c If "Yes," enter name and address of the third party:

Name

Address

## 16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer
 ☐ Employee
 ☐ Independent contractor

## 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

**Part IV**

**Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I  
(Form 990)

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

DAYSTAR LIFE CENTER, INC.

Employer identification number

65-0523539

OMB No. 1545-0047

2023

Open to Public  
Inspection

Part I General Information on Grants and Assistance

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

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

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 FOOD INSECURITY	91890		1,261,517	COST/FMV	FOOD, CLOTHING
2 HOMELESSNESS PREVENTION	8656	441,471	41,249	COST	RENT, UTILITIES
3 FINANCIAL LITERACY	9023		25,756	COST/FMV	EDUCATION
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

EACH PERSON REQUESTING ASSISTANCE IS INTERVIEWED BY A TRAINED VOLUNTEER TO DETERMINE THEIR NEED. DETAILED RECORDS OF CLIENTS' ELIGIBILITY FOR ASSISTANCE ARE MAINTAINED IN THE ORGANIZATION'S RECORDS AND DATABASE, AND IN THE HMIS DATABASE.

**PART IV - ADDITIONAL INFORMATION**

ALL REQUIRED INFORMATION IS RECORDED ACCORDING TO GRANT REQUIREMENTS.

PROPER DOCUMENTATION IS RETAINED FOR SPECIFIED NUMBER OF RECIPIENTS.

**SCHEDULE M  
(Form 990)****Noncash Contributions**

OMB No. 1545-0047

**2023****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number

**DAYSTAR LIFE CENTER, INC.****65-0523539****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		109,652	FAIR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	775,181	FAIR VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>PERSONAL HYGIEN</b> )	X	1	103,610	FAIR VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2023

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

Client Copy

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

DAYSTAR LIFE CENTER, INC.

Employer identification number

65-0523539

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE TREASURER REVIEWS FORM 990 WITH THE FINANCE COMMITTEE FOR ITS APPROVAL,  
AND THEN THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING. THE REVIEW,  
DISCUSSION, AND VOTE TO APPROVE ARE RECORDED IN THE MINUTES OF THE  
COMMITTEE AND BOARD.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
EVERY BOARD MEMBER SIGNS A CONFLICT OF INTEREST DISCLOSURE ANNUALLY. THE  
EXECUTIVE COMMITTEE MONITORS THE ORGANIZATION'S TRANSACTIONS FOR POSSIBLE  
CONFLICT AND TAKES THE NECESSARY ACTION TO ADDRESS ANY CONFLICT. THE  
DISCUSSION AND ACTION ARE RECORDED IN THE MINUTES OF THE EXECUTIVE  
COMMITTEE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE EXECUTIVE COMMITTEE REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION  
ANNUALLY BASED ON THE PERFORMANCE OF THE EMPLOYEE, COMPARABLE SALARY DATA  
AT OTHER ORGANIZATIONS, THE CHANGE IN CPI FOR THE YEAR, AND THE FINANCIAL  
RESOURCES OF THE ORGANIZATION. THE ENTIRE BOARD THEN DISCUSSES AND VOTES TO  
ACCEPT OR MODIFY THE COMMITTEE'S RECOMMENDED COMPENSATION. THE DISCUSSIONS  
AND VOTES ARE RECORDED IN THE MINUTES OF THE COMMITTEE AND THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE  
TO THE PUBLIC DURING THE YEAR AT THE ORGANIZATION'S OFFICE. COPIES ARE  
PROVIDED UPON REQUEST.

Name of the organization

Employer identification number

DAYSTAR LIFE CENTER, INC.

65-0523539

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRAISING EXPENSES \$ 33,637

FUNDRAISING EXPENSES \$ -33,637

Client Copy

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

**2023**Attachment  
Sequence No. **179**

Name(s) shown on return

**DAYSTAR LIFE CENTER, INC.**

Identifying number

**65-0523539**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,160,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,890,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>118,183</b>

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

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

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

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>118,183</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2023)  
**THERE ARE NO AMOUNTS FOR PAGE 2**

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>										
1	METAL PANTRY SHELIVING	3/27/06	1,361				1,361	10 MO S/L	1,361	0
30	SINGLE DR COOLER	2/05/16	1,080				1,080	5 MO S/L	1,080	0
42	SIGN OVER DOOR	3/25/15	1,562				1,562	15 MO S/L	885	104
43	SIGN MONUMENT	5/01/15	4,369				4,369	15 MO S/L	2,476	291
47	CHEVY 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
Sold/Scrapped: 3/31/24										
53	Land	4/13/17	290,808				290,808	0 -- Land	0	0
55	FURNITURE & EQUIPMENT- ACCT 312	3/10/08	5,406				5,406	7 MO S/L	5,406	0
56	Additional land cost	10/02/18	1,165				1,165	0 -- Land	0	0
57	Building at 1055 28th St S	5/01/19	2,309,741				2,309,741	39 MO S/L	256,652	59,224
58	Building roof	5/01/19	50,058				50,058	30 MO S/L	7,231	1,668
59	Air conditioners	5/01/19	44,688				44,688	15 MO S/L	12,910	2,979
60	Flooring	5/01/19	40,800				40,800	20 MO S/L	8,840	2,040
61	Pantry/closet fixtures	7/09/19	1,591				1,591	7 MO S/L	947	227
62	Phone system	3/31/19	25,707				25,707	7 MO S/L	16,220	3,672
63	Security system	5/09/19	26,573				26,573	7 MO S/L	16,450	3,796
64	Exterior signs	8/20/19	510				510	7 MO S/L	294	73
65	Garden and planters	5/15/19	1,829				1,829	7 MO S/L	1,132	262
66	New office furniture	4/22/19	29,485				29,485	7 MO S/L	18,428	4,212
67	Moving costs/ donated furniture	5/24/19	1,500				1,500	7 MO S/L	929	214
68	12 4-drawer file cabinets	5/24/19	9,600				9,600	7 MO S/L	5,886	1,371
69	Credenza	5/24/19	750				750	7 MO S/L	460	107
70	Ceiling mounted projector	5/24/19	750				750	7 MO S/L	460	107
71	Kitchen appliances	5/02/19	4,541				4,541	7 MO S/L	2,811	649
72	Walk-in cooler and freezer	5/23/19	29,953				29,953	15 MO S/L	8,653	1,997
73	4 top loading freezers	7/01/19	2,801				2,801	7 MO S/L	1,667	400
74	Pantry ladder, pallet truck, misc equip	7/01/19	4,881				4,881	7 MO S/L	2,429	583
75	Windows update	4/24/19	950				950	3 MO S/L	950	0
76	5 computers and network harddrive	7/24/19	4,848				4,848	5 MO S/L	4,040	162
Sold/Scrapped: 10/31/23										
77	4 Televisions	7/02/19	1,792				1,792	5 MO S/L	1,493	299
78	Window shades	5/01/19	5,126				5,126	7 MO S/L	3,173	733
79	Additional land costs	8/31/17	6,583				6,583	0 -- Land	0	0
80	2019 Isuzu refig truck	5/07/20	82,819				82,819	10 MO S/L	27,606	8,282
81	Graphics on truck & vans	8/12/20	4,584				4,584	10 MO S/L	1,413	459
82	Daystar monument sign (moved)	10/09/19	2,769				2,769	15 MO S/L	723	185
83	Sign (back of building)	1/15/20	1,159				1,159	15 MO S/L	283	78
84	Lightbox sign	1/15/20	5,646				5,646	15 MO S/L	1,380	377
85	Gas meter installation	6/03/20	6,507				6,507	15 MO S/L	1,410	434
86	Solar panels	6/24/20	75,696				75,696	25 MO S/L	9,588	3,028
87	Access web applications	12/10/19	2,500				2,500	5 MO S/L	1,875	500
88	Dishwasher	2/17/21	1,774				1,774	7 MO S/L	633	254
89	Garden shed and workbench	2/17/21	3,525				3,525	7 MO S/L	1,259	504
90	Garden beds	7/26/21	1,886				1,886	7 MO S/L	561	270
91	Straddle stacker 63"	9/30/20	3,414				3,414	7 MO S/L	1,422	488
92	Shelving & racks for pantry	10/28/20	3,361				3,361	7 MO S/L	1,360	480
93	Sprinkler system	2/10/21	1,900				1,900	15 MO S/L	327	127
94	Well and pump	7/30/21	2,900				2,900	15 MO S/L	403	193
95	Lobby sign	7/26/21	1,172				1,172	15 MO S/L	163	78
96	Generator	7/26/21	53,534				53,534	15 MO S/L	7,435	3,569
97	Electrical work - gardens	8/27/21	600				600	15 MO S/L	80	40
98	Electrical work - programs	8/27/21	5,850				5,850	15 MO S/L	780	390
99	Irrigation system for gardens	8/31/21	2,500				2,500	15 MO S/L	333	167
100	Sunblocker shade house	1/24/22	1,247				1,247	7 MO S/L	282	178
101	Pallet jack with scale	2/11/22	1,884				1,884	7 MO S/L	426	269
102	3 room dividers	4/08/22	4,764				4,764	7 MO S/L	964	681
103	Report designer software	6/29/22	7,000				7,000	5 MO S/L	1,633	1,400
Sold/Scrapped: 8/31/24										
104	2 glass door refrigerators	10/18/22	11,760				11,760	7 MO S/L	1,400	1,680
105	Pantry shelving - black mobile	10/28/22	4,039				4,039	7 MO S/L	481	577
106	Pantry shelving - 3 pieces	11/03/22	2,968				2,968	7 MO S/L	353	424
107	Garden pump	4/24/23	1,145				1,145	7 MO S/L	55	163
108	Philips AED device	5/19/23	900				900	7 MO S/L	32	129
109	Lenovo computer - desktop	6/21/23	798				798	5 MO S/L	27	159
110	Furniture & equip a/c 120.02	3/10/08	1,452				1,452	7 MO S/L	1,452	0
Sold/Scrapped: 9/01/23										
111	Mailroom conversion	4/12/24	5,836				5,836	15 MO S/L	0	162

**Federal Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
112	Intel Xeon 32 gb network server	10/31/23	5,352			5,352	5 MO S/L	0	892
113	2 freezers	10/25/23	6,920			6,920	7 MO S/L	0	824
114	PantrySoft inventory system	11/17/23	1,170			1,170	5 MO S/L	0	176
115	49 cu ft reach-in refrigerator	1/24/24	2,999			2,999	7 MO S/L	0	250
116	Sponsorship Accelerator software	2/09/24	8,500			8,500	5 MO S/L	0	992
117	Flood lights	3/04/24	1,625			1,625	7 MO S/L	0	116
118	Cabinets in clothes closet	3/27/24	14,381			14,381	7 MO S/L	0	856
119	Water cooler	4/01/24	1,540			1,540	7 MO S/L	0	92
120	Phone upgrade	5/16/24	840			840	7 MO S/L	0	30
121	2014 Mercedes Sprinter van	2/20/24	30,600			30,600	5 MO S/L	0	3,060
<b>Total Other Depreciation</b>			<u>3,316,422</u>			<u>3,316,422</u>		<u>474,000</u>	<u>118,183</u>
<b>Total ACRS and Other Depreciation</b>			<u>3,316,422</u>			<u>3,316,422</u>		<u>474,000</u>	<u>118,183</u>
<b>Grand Totals</b>			3,316,422			3,316,422		474,000	118,183
<b>Less: Dispositions and Transfers</b>			20,120			20,120		13,945	1,562
<b>Less: Start-up/Org Expense</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>3,296,302</u>			<u>3,296,302</u>		<u>460,055</u>	<u>116,621</u>

# Client Copy

## AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	METAL PANTRY SHELVING	3/27/06	0				0	0	HY	0	0
30	SINGLE DR COOLER	2/05/16	0				0	0	HY	0	0
42	SIGN OVER DOOR	3/25/15	0				0	0	HY	0	0
43	SIGN MONUMENT	5/01/15	0				0	0	HY	0	0
47	CHEVY SUBURBAN 2500 VAN	5/18/04	0				0	0	HY	0	0
52	Ford van E250, 2002	9/01/10	0				0	0	HY	0	0
	Sold/Scrapped: 3/31/24										
53	Land	4/13/17	0				0	0	HY	0	0
55	FURNITURE & EQUIPMENT- ACCT 312	3/10/08	0				0	0	HY	0	0
56	Additional land cost	10/02/18	0				0	0	HY	0	0
57	Building at 1055 28th St S	5/01/19	0				0	0	HY	0	0
58	Building roof	5/01/19	0				0	0	HY	0	0
59	Air conditioners	5/01/19	0				0	0	HY	0	0
60	Flooring	5/01/19	0				0	0	HY	0	0
61	Pantry/closet fixtures	7/09/19	0				0	0	HY	0	0
62	Phone system	3/31/19	0				0	0	HY	0	0
63	Security system	5/09/19	0				0	0	HY	0	0
64	Exterior signs	8/20/19	0				0	0	HY	0	0
65	Garden and planters	5/15/19	0				0	0	HY	0	0
66	New office furniture	4/22/19	0				0	0	HY	0	0
67	Moving costs/ donated furniture	5/24/19	0				0	0	HY	0	0
68	12 4-drawer file cabinets	5/24/19	0				0	0	HY	0	0
69	Credenza	5/24/19	0				0	0	HY	0	0
70	Ceiling mounted projector	5/24/19	0				0	0	HY	0	0
71	Kitchen appliances	5/02/19	0				0	0	HY	0	0
72	Walk-in cooler and freezer	5/23/19	0				0	0	HY	0	0
73	4 top loading freezers	7/01/19	0				0	0	HY	0	0
74	Pantry ladder, pallet truck, misc equip	7/01/19	0				0	0	HY	0	0
75	Windows update	4/24/19	0				0	0	HY	0	0
76	5 computers and network harddrive	7/24/19	0				0	0	HY	0	0
	Sold/Scrapped: 10/31/23										
77	4 Televisions	7/02/19	0				0	0	HY	0	0
78	Window shades	5/01/19	0				0	0	HY	0	0
79	Additional land costs	8/31/17	0				0	0	HY	0	0
80	2019 Isuzu refig truck	5/07/20	0				0	0	HY	0	0
81	Graphics on truck & vans	8/12/20	0				0	0	HY	0	0
82	Daystar monument sign (moved)	10/09/19	0				0	0	HY	0	0
83	Sign (back of building)	1/15/20	0				0	0	HY	0	0
84	Lightbox sign	1/15/20	0				0	0	HY	0	0
85	Gas meter installation	6/03/20	0				0	0	HY	0	0
86	Solar panels	6/24/20	0				0	0	HY	0	0
87	Access web applications	12/10/19	0				0	0	HY	0	0
88	Dishwasher	2/17/21	0				0	0	HY	0	0
89	Garden shed and workbench	2/17/21	0				0	0	HY	0	0
90	Garden beds	7/26/21	0				0	0	HY	0	0
91	Straddle stacker 63"	9/30/20	0				0	0	HY	0	0
92	Shelving & racks for pantry	10/28/20	0				0	0	HY	0	0
93	Sprinkler system	2/10/21	0				0	0	HY	0	0
94	Well and pump	7/30/21	0				0	0	HY	0	0
95	Lobby sign	7/26/21	0				0	0	HY	0	0
96	Generator	7/26/21	0				0	0	HY	0	0
97	Electrical work - gardens	8/27/21	0				0	0	HY	0	0
98	Electrical work - programs	8/27/21	0				0	0	HY	0	0
99	Irrigation system for gardens	8/31/21	0				0	0	HY	0	0
100	Sunblocker shade house	1/24/22	0				0	0	HY	0	0
101	Pallet jack with scale	2/11/22	0				0	0	HY	0	0
102	3 room dividers	4/08/22	0				0	0	HY	0	0
103	Report designer software	6/29/22	0				0	0	HY	0	0
	Sold/Scrapped: 8/31/24										
104	2 glass door refrigerators	10/18/22	0				0	0	HY	0	0
105	Pantry shelving - black mobile	10/28/22	0				0	0	HY	0	0
106	Pantry shelving - 3 pieces	11/03/22	0				0	0	HY	0	0
107	Garden pump	4/24/23	0				0	0	HY	0	0
108	Philips AED device	5/19/23	0				0	0	HY	0	0
109	Lenovo computer - desktop	6/21/23	0				0	0	HY	0	0
110	Furniture & equip a/c 120.02	3/10/08	0				0	0	HY	0	0
	Sold/Scrapped: 9/01/23										
111	Mailroom conversion	4/12/24	0				0	0	HY	0	0

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
112	Intel Xeon 32 gb network server	10/31/23	0			0	0 HY	0	0
113	2 freezers	10/25/23	0			0	0 HY	0	0
114	PantrySoft inventory system	11/17/23	0			0	0 HY	0	0
115	49 cu ft reach-in refrigerator	1/24/24	0			0	0 HY	0	0
116	Sponsorship Accelerator software	2/09/24	0			0	0 HY	0	0
117	Flood lights	3/04/24	0			0	0 HY	0	0
118	Cabinets in clothes closet	3/27/24	0			0	0 HY	0	0
119	Water cooler	4/01/24	0			0	0 HY	0	0
120	Phone upgrade	5/16/24	0			0	0 HY	0	0
121	2014 Mercedes Sprinter van	2/20/24	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Grand Totals</b>			0			0		0	0
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

# Client Copy

1175 DAYSTAR LIFE CENTER, INC.

05/07/2025

65-0523539

## Depreciation Adjustment Report

FYE: 8/31/2024

### All Business Activities

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

# Client Copy

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	METAL PANTRY SHELIVING	3/27/06	1,361	0	0
30	SINGLE DR COOLER	2/05/16	1,080	0	0
42	SIGN OVER DOOR	3/25/15	1,562	104	0
43	SIGN MONUMENT	5/01/15	4,369	291	0
47	CHEVY SUBURBAN 2500 VAN	5/18/04	17,778	0	0
53	Land	4/13/17	290,808	0	0
55	FURNITURE & EQUIPMENT- ACCT 3120.02	3/10/08	5,406	0	0
56	Additional land cost	10/02/18	1,165	0	0
57	Building at 1055 28th St S	5/01/19	2,309,741	59,224	0
58	Building roof	5/01/19	50,058	1,669	0
59	Air conditioners	5/01/19	44,688	2,979	0
60	Flooring	5/01/19	40,800	2,040	0
61	Pantry/closet fixtures	7/09/19	1,591	227	0
62	Phone system	3/31/19	25,707	3,673	0
63	Security system	5/09/19	26,573	3,796	0
64	Exterior signs	8/20/19	510	73	0
65	Garden and planters	5/15/19	1,829	261	0
66	New office furniture	4/22/19	29,485	4,213	0
67	Moving costs/ donated furniture	5/24/19	1,500	214	0
68	12 4-drawer file cabinets	5/24/19	9,600	1,372	0
69	Credenza	5/24/19	750	107	0
70	Ceiling mounted projector	5/24/19	750	107	0
71	Kitchen appliances	5/02/19	4,541	649	0
72	Walk-in cooler and freezer	5/23/19	29,953	1,997	0
73	4 top loading freezers	7/01/19	2,801	401	0
74	Pantry ladder, pallet truck, misc equip	7/01/19	2,081	583	0
75	Windows update	4/24/19	950	0	0
77	4 Televisions	7/02/19	1,792	0	0
78	Window shades	5/01/19	5,126	732	0
79	Additional land costs	8/31/17	6,583	0	0
80	2019 Isuzu refig truck	5/07/20	82,819	8,282	0
81	Graphics on truck & vans	8/12/20	4,584	458	0
82	Daystar monument sign (moved)	10/09/19	2,769	184	0
83	Sign (back of building)	1/15/20	1,159	77	0
84	Lightbox sign	1/15/20	5,646	376	0
85	Gas meter installation	6/03/20	6,507	433	0
86	Solar panels	6/24/20	75,696	3,028	0
87	Access web applications	12/10/19	2,500	125	0
88	Dishwasher	2/17/21	1,774	253	0
89	Garden shed and workbench	2/17/21	3,525	503	0
90	Garden beds	7/26/21	1,886	269	0
91	Straddle stacker 63"	9/30/20	3,414	488	0
92	Shelving & racks for pantry	10/28/20	3,361	480	0
93	Sprinkler system	2/10/21	1,900	127	0
94	Well and pump	7/30/21	2,900	193	0
95	Lobby sign	7/26/21	1,172	78	0
96	Generator	7/26/21	53,534	3,569	0
97	Electrical work - gardens	8/27/21	600	40	0
98	Electrical work - programs	8/27/21	5,850	390	0
99	Irrigation system for gardens	8/31/21	2,500	167	0
100	Sunblocker shade house	1/24/22	1,247	178	0
101	Pallet jack with scale	2/11/22	1,884	269	0
102	3 room dividers	4/08/22	4,764	680	0
104	2 glass door refrigerators	10/18/22	11,760	1,680	0
105	Pantry shelving - black mobile	10/28/22	4,039	577	0
106	Pantry shelving - 3 pieces	11/03/22	2,968	424	0
107	Garden pump	4/24/23	1,145	164	0
108	Philips AED device	5/19/23	900	128	0
109	Lenovo computer - desktop	6/21/23	798	160	0
111	Mailroom conversion	4/12/24	5,836	389	0
112	Intel Xeon 32 gb network server	10/31/23	5,352	1,070	0
113	2 freezers	10/25/23	6,920	988	0
114	PantrySoft inventory system	11/17/23	1,170	234	0
115	49 cu ft reach-in refrigerator	1/24/24	2,999	428	0
116	Sponsorship Accelerator software	2/09/24	8,500	1,700	0
117	Flood lights	3/04/24	1,625	232	0
118	Cabinets in clothes closet	3/27/24	14,381	2,054	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
119	Water cooler	4/01/24	1,540	220	0
120	Phone upgrade	5/16/24	840	120	0
121	2014 Mercedes Sprinter van	2/20/24	30,600	6,120	0
<b>Total Other Depreciation</b>			<u>3,296,302</u>	<u>122,047</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>3,296,302</u>	<u>122,047</u>	<u>0</u>
<b>Grand Totals</b>			<u>3,296,302</u>	<u>122,047</u>	<u>0</u>

# Client Copy

Form <b>990</b>		<b>Two Year Comparison Report</b>		<b>2022 &amp; 2023</b>	
		For calendar year 2023, or tax year beginning <b>09/01/23</b> , ending <b>08/31/24</b>			
Name <b>DAYSTAR LIFE CENTER, INC.</b>			Taxpayer Identification Number <b>65-0523539</b>		
<b>Revenue</b>	1. Contributions, gifts, grants .....	1.	2022 <b>1,996,334</b>	2023 <b>2,290,382</b>	Differences <b>294,048</b>
	2. Membership dues and assessments .....	2.			
	3. Government contributions and grants .....	3.	<b>178,540</b>	<b>29,056</b>	<b>-149,484</b>
	4. Program service revenue .....	4.			
	5. Investment income .....	5.	<b>29,378</b>	<b>38,295</b>	<b>8,917</b>
	6. Proceeds from tax exempt bonds .....	6.			
	7. Net gain or (loss) from sale of assets other than inventory .....	7.	<b>-461</b>	<b>-12,164</b>	<b>-11,703</b>
	8. Net income or (loss) from fundraising events .....	8.	<b>-11,277</b>	<b>-9,285</b>	<b>1,992</b>
	9. Net income or (loss) from gaming .....	9.			
	10. Net gain or (loss) on sales of inventory .....	10.			
	11. Other revenue .....	11.	<b>2,727</b>	<b>4,387</b>	<b>1,660</b>
	12. <b>Total revenue.</b> Add lines 1 through 11	12.	<b>2,195,241</b>	<b>2,340,671</b>	<b>145,430</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....	13.	<b>1,649,334</b>	<b>1,769,993</b>	<b>120,659</b>
	14. Benefits paid to or for members .....	14.			
	15. Compensation of officers, directors, trustees, etc. ....	15.			
	16. Salaries, other compensation, and employee benefits .....	16.	<b>420,464</b>	<b>480,189</b>	<b>59,725</b>
	17. Professional fundraising fees .....	17.			
	18. Other professional fees .....	18.	<b>79,817</b>	<b>38,110</b>	<b>-41,707</b>
	19. Occupancy, rent, utilities, and maintenance .....	19.	<b>60,586</b>	<b>81,268</b>	<b>20,682</b>
	20. Depreciation and Depletion .....	20.	<b>110,808</b>	<b>118,183</b>	<b>7,375</b>
	21. Other expenses .....	21.	<b>73,191</b>	<b>108,481</b>	<b>35,290</b>
	22. <b>Total expenses.</b> Add lines 13 through 21	22.	<b>2,394,200</b>	<b>2,596,224</b>	<b>202,024</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23.	<b>198,959</b>	<b>-255,553</b>	<b>-56,594</b>
<b>Other Information</b>	24. Total exempt revenue .....	24.	<b>2,195,241</b>	<b>2,340,671</b>	<b>145,430</b>
	25. Total unrelated revenue .....	25.			
	26. Total excludable revenue .....	26.	<b>31,644</b>	<b>30,518</b>	<b>-1,126</b>
	27. Total assets .....	27.	<b>4,373,816</b>	<b>4,238,450</b>	<b>-135,366</b>
	28. Total liabilities .....	28.	<b>69,062</b>	<b>81,058</b>	<b>11,996</b>
	29. Retained earnings .....	29.	<b>4,304,754</b>	<b>4,157,392</b>	<b>-147,362</b>
	30. Number of voting members of governing body .....	30.	<b>15</b>	<b>16</b>	
	31. Number of independent voting members of governing body .....	31.	<b>15</b>	<b>16</b>	
	32. Number of employees .....	32.	<b>8</b>	<b>9</b>	
33. Number of volunteers .....	33.	<b>200</b>	<b>250</b>		

Form **990**

## Tax Return History

**2023**

Name

DAYSTAR LIFE CENTER, INC.

Employer Identification Number  
**65-0523539**

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants .....	2,044,033	1,705,947	1,964,889	2,174,874	2,319,438	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....	275	60,930	2,974	-461	-12,164	
Investment income .....	12,643	23,914	23,806	29,378	38,295	
Fundraising revenue (income/loss) .....	-7,450	-1,889	-15,873	-11,277	-9,285	
Gaming revenue (income/loss) .....						
Other revenue .....	1,986	1,762	3,377	2,727	4,387	
<b>Total revenue</b> .....	<b>2,051,487</b>	<b>1,790,664</b>	<b>1,979,173</b>	<b>2,195,241</b>	<b>2,340,671</b>	
Grants and similar amounts paid .....	1,226,917	1,184,586	1,493,087	1,649,334	1,769,993	
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	347,568	42,461	210,863	420,464	480,189	
Professional fees .....	37,163	40,416	83,791	79,817	38,110	
Occupancy costs .....	60,398	55,421	58,773	60,586	81,268	
Depreciation and depletion .....	91,018	101,532	106,899	110,808	118,183	
Other expenses .....	44,935	47,222	63,948	73,191	108,481	
<b>Total expenses</b> .....	<b>1,807,999</b>	<b>1,771,669</b>	<b>2,116,564</b>	<b>2,394,200</b>	<b>2,596,224</b>	
<b>Excess or (Deficit)</b> .....	<b>243,488</b>	<b>18,995</b>	<b>-137,391</b>	<b>-198,959</b>	<b>-255,553</b>	
Total exempt revenue .....	2,051,487	1,790,664	1,979,173	2,195,241	2,340,671	
Total unrelated revenue .....						
Total excludable revenue .....	14,904	86,606	30,157	31,644	30,518	
Total Assets .....	4,645,772	4,818,525	4,496,247	4,373,816	4,238,450	
Total Liabilities .....	59,302	89,174	60,837	69,062	81,058	
Net Fund Balances .....	4,586,470	4,729,351	4,435,410	4,304,754	4,157,392	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 38,295			14		
TOTAL	\$ 38,295					

Client Copy

1175 DAYSTAR LIFE CENTER, INC.

65-0523539

FYE: 8/31/2024

## Federal Statements

5/7/2025

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER FEES	\$ 14,148	\$ 11,263	\$ 1,993	\$ 892
TOTAL	\$ 14,148	\$ 11,263	\$ 1,993	\$ 892

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
MISCELLANEOUS	\$ 2,483	\$ 585	\$ 31	\$ 1,867
LICENSES, FEES & TAXES	585	156	79	350
TOTAL	\$ 3,068	\$ 741	\$ 110	\$ 2,217

Federal Statements

5/7/2025

Schedule A, Part II, Line 1(e)

Description	Amount
GOVERNMENT GRANTS OR CONTRIBUTIONS	
VARIOUS	\$ 29,056
VARIOUS	775,181
VARIOUS	109,652
VARIOUS	103,610
VARIOUS	457,481
VARIOUS	55,000
MILKEY FAMILY FOUNDATION	
CASH CONTRIBUTION	100,500
PINELLAS COMMUNITY FOUNDATION	
CASH CONTRIBUTION	75,000
ROBERT SCHOENFELDER	
CASH CONTRIBUTION	50,000
UNITED WAY ENERGY NEIGHBOR	
CASH CONTRIBUTION	51,381
LAKOTA FOUNDATION	
CASH CONTRIBUTION	250,000
PLAY FOR HUNGER	
CASH CONTRIBUTION	218,275
EMPTY BOWLS	
CASH CONTRIBUTION	44,302
TOTAL	\$ 2,319,438

Schedule A, Part II, Line 8(e)

Description	Amount
TOTAL	\$ 38,295
	\$ 38,295

1175 DAYSTAR LIFE CENTER, INC.  
65-0523539  
FYE: 8/31/2024

Federal Statements

5/7/2025

Schedule A, Part II, Line 12 - Current year

Description	Amount
OTHER INCOME	\$ 4,387
PLAY FOR HUNGER	10,732
ANNUAL BREAKFAST	
EMPTY BOWLS	13,620
TOTAL	\$ 28,739

Client Copy

**Federal Statements****Play for Hunger****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
PRINTING AND POSTAGE	\$
SHIRTS	10,732
MISCELLANEOUS	3,089
AUCTION ITEMS	
TOTAL	\$ 13,821

# Client Copy

**Federal Statements****Annual Breakfast****Other Direct Fundraising or Gaming Expenses**

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

# Client Copy

1175 DAYSTAR LIFE CENTER, INC.

5/7/2025

65-0523539

## Federal Statements

FYE: 8/31/2024

### Empty Bowls

### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
PRINTING AND POSTAGE	\$ 340
MISCELLANEOUS	560
AUCTION ITEMS	2,345
TOTAL	<u>\$ 3,245</u>

# Client Copy