

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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection**A For the 2016 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b>		<b>D Employer identification number</b>
	SARASOTA-MANATEE JEWISH FEDERATION, INC.		59-1227747
	Doing business as		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>
	580 S. MCINTOSH ROAD		(941) 371-4546
	City or town, state or province, country, and ZIP or foreign postal code		<b>G Gross receipts \$</b>
	SARASOTA, FL 34232		6,030,275.
	<b>F Name and address of principal officer:</b> HOWARD TEVLOWITZ		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	SAME AS C ABOVE		<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "No," attach a list. (see instructions)
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c) Group exemption number</b> ▶	
<b>J Website:</b> WWW.JFEDSRQ.ORG			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1970 <b>M State of legal domicile:</b> FL	

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: TO SAVE JEWISH LIVES AND ENHANCE JEWISH LIFE IN SARASOTA-MANATEE, IN ISRAEL AND AROUND THE WORLD.		
	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)	3	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	44
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	265,759.
b Net unrelated business taxable income from Form 990-T, line 34	7b	-141,384.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,905,568.	5,188,799.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235,813.	177,645.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	86,414.	15,103.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	338,695.	358,277.
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,566,490.	5,739,824.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,770,146.	3,335,954.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,572,862.	1,606,281.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 658,119.	132,055.	126,561.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,438,101.	1,300,270.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,913,164.	6,369,066.
	19 Revenue less expenses. Subtract line 18 from line 12	-346,674.	-629,242.
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	24,819,599.	25,374,614.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,323,567.	1,485,013.
		23,496,032.	23,889,601.

**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
	HOWARD TEVLOWITZ, EXECUTIVE DIRECTOR		
<b>Paid</b>	Print/Type preparer's name	Preparer's signature	Date
	REBECCA U. STONER		
<b>Preparer Use Only</b>	Firm's name ▶ KERKERING, BARBERIO & CO.	Firm's EIN ▶ 59-1753337	Check if self-employed <input type="checkbox"/> PTIN P00585910
	Firm's address ▶ P.O. BOX 49348 SARASOTA, FL 34230-6348	Phone no. 941-365-4617	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

**Part III** Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

TO SAVE JEWISH LIVES AND ENHANCE JEWISH LIFE IN SARASOTA-MANATEE, IN ISRAEL AND AROUND THE WORLD.

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 \$ 3,061,409. including grants of \$ 1,943,959. ) (Revenue \$ 74,909. )  
ISRAEL, OVERSEAS, ADVOCACY AND COMMUNITY RELATIONS:

THE JEWISH FEDERATION OF SARASOTA-MANATEE (JFSM) WORKS TO ADDRESS HUMAN AND EDUCATIONAL NEEDS IN ISRAEL, THE FORMER SOVIET UNION, POLAND AND OVER 70 COUNTRIES AROUND THE WORLD.

## EXAMPLES OF SPECIFIC PROGRAMS FUNDED INCLUDE:

\* THE HELLER ISRAEL ADVOCACY INITIATIVE ADVOCATES FOR PEACE AND SECURITY IN ISRAEL THROUGH EDUCATION, INFORMATION AND COMMUNITY AWARENESS; RAISING CONSCIOUSNESS OF, AND ACTIVELY CONFRONTING ANTI-SEMITISM ON A GLOBAL LEVEL; AND, DIRECTLY ADDRESSING ANTI-ISRAEL

4b (Code: ) (Expenses \$ 827,182. including grants of \$ 525,251. ) (Revenue \$ 98,859. )  
JEWISH EDUCATION AND PROGRAMMING:

THE FEDERATION, IN COOPERATION WITH AREA SYNAGOGUES AND ORGANIZATIONS, OFFERS A WIDE RANGE OF INSPIRING OPPORTUNITIES THAT ENABLE TEENAGERS, ADULTS AND FAMILIES TO BECOME CONFIDENT AND COMFORTABLE LIFELONG JEWISH LEARNERS. THE FEDERATION PROVIDES A WIDE RANGE OF JEWISH PROGRAMS THROUGHOUT THE TWO-COUNTY AREA. THIS CATEGORY INCLUDES PROGRAMS CELEBRATING JEWISH HOLIDAYS, OUTREACH EFFORTS TO THE UNAFFILIATED AND ADULT PROGRAMS FOR ALL AGES AND INTERESTS. LOCALLY, THE FEDERATION CONDUCTS OUTREACH WITHIN THE JEWISH AND GENERAL COMMUNITIES, FOSTERING ISRAEL EDUCATION AND AWARENESS AND PROVIDES A FORUM FOR DEALING WITH ANTI-SEMITISM.

4c (Code: ) (Expenses \$ 782,298. including grants of \$ 496,750. ) (Revenue \$ 3,877. )  
SARASOTA-MANATEE JEWISH SAFETY NET PROGRAMS:

THE FEDERATION WORKS TO ENSURE THAT BASIC NEEDS SUCH AS FOOD AND SHELTER ARE MET, AS WE WORK FOR THE SOCIAL, EMOTIONAL AND FINANCIAL WELL-BEING OF JEWS IN SARASOTA-MANATEE.

## EXAMPLES OF SPECIFIC PROGRAMS FUNDED INCLUDE:

\* JEWISH HEALING PROGRAM: THE FEDERATION PROVIDES A SIGNIFICANT PORTION OF THE FUNDING FOR THE JEWISH HEALING PROGRAM, WHICH IS IMPLEMENTED BY JFCS. EACH MONTH VOLUNTEERS PROVIDE DIRECT COMMUNITY SERVICES TO THE JEWISH COMMUNITY, INCLUDING BIKKOR CHOLIM (VISIT THE

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

(Expenses \$ 582,678. including grants of \$ 369,994. ) (Revenue \$ )

4e Total program service expenses ▶ 5,253,567.

**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
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		X
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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	X	
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
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 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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	X	
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		X
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		X
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	X	
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	X	
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		X

Form 990 (2016)

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<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>	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>	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>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	X	
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>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>		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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

Form 990 (2016)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	45	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	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
<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	25	
<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>	X
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>	X
<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>	X
<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>	X
<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>	X
<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>	X
<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>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X
<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>	X
<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>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<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>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>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>	X
<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>	X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	X
<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>13a</b>	
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<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>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

Form 990 (2016)

**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 in Schedule O. See instructions.

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 44 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 in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 44		
<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>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>	X	
<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>	X	
<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>		X
<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>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<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 in Schedule O ..... <b>9</b>		X

**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>		X
<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>	X	
<b>b</b> Describe in 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>	X	
<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>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<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>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<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>		X
<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 ► **FL**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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 in Schedule O)

**19** Describe in 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: ►  
**INNA SIDEMAN - 941-371-4546**  
**580 S. MCINTOSH ROAD, SARASOTA, FL 34232**

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA ACKERMAN DIRECTOR	1.00	X						0.	0.	0.
(2) ALAN ADES DIRECTOR	1.00	X						0.	0.	0.
(3) DAN BARWICK DIRECTOR	1.00	X						0.	0.	0.
(4) SUSI BENSON-STEENBARGER DIRECTOR	1.00	X						0.	0.	0.
(5) TOM BERNSTEIN DIRECTOR	1.00	X						0.	0.	0.
(6) FRAN BRAVERMAN DIRECTOR	1.00	X						0.	0.	0.
(7) DAVID CHAIFETZ DIRECTOR	1.00	X						0.	0.	0.
(8) EDIE CHAIFETZ DIRECTOR	1.00	X						0.	0.	0.
(9) GERARD DANIEL DIRECTOR	1.00	X						0.	0.	0.
(10) LENNY DREXLER DIRECTOR	1.00	X						0.	0.	0.
(11) MARSHA EISENBERG DIRECTOR	1.00	X						0.	0.	0.
(12) AL ERNST DIRECTOR	1.00	X						0.	0.	0.
(13) HELEN GLASER DIRECTOR	1.00	X						0.	0.	0.
(14) SCOTT GORDON DIRECTOR	1.00	X						0.	0.	0.
(15) DR. LEW HANAN DIRECTOR	1.00	X						0.	0.	0.
(16) STACY HANAN DIRECTOR	1.00	X						0.	0.	0.
(17) DEBBIE HASPEL DIRECTOR	1.00	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFF HOFFMAN DIRECTOR	1.00	X						0.	0.	0.
(19) SIMONE KNEGO DIRECTOR	1.00	X						0.	0.	0.
(20) CLAIRE LEVIN DIRECTOR	1.00	X						0.	0.	0.
(21) IRIS NAHEMOW DIRECTOR	1.00	X						0.	0.	0.
(22) IRENE ROSS DIRECTOR	1.00	X						0.	0.	0.
(23) NANCY ROUCHER DIRECTOR	1.00	X						0.	0.	0.
(24) RACHEL SATLZBERG DIRECTOR	1.00	X						0.	0.	0.
(25) BETTY SCHOENBAUM DIRECTOR	1.00	X						0.	0.	0.
(26) SAM SHAPIRO DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								406,734.	0.	111,779.
<b>d Total (add lines 1b and 1c)</b>								406,734.	0.	111,779.

**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 **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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	X	
<b>5</b> 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		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
RICHARD BERGMAN, 1255 N. GULFSTREAM AVENUE, SARASOTA, FL 34236	FUNDRAISING AND OUTREACH CONSULTANT	118,146.

**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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)



**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ANNE SPINDEL DIRECTOR	1.00	X						0.	0.	0.
(28) LOIS STULBERG DIRECTOR	1.00	X						0.	0.	0.
(29) ADREA SUKIN DIRECTOR	1.00	X						0.	0.	0.
(30) DR. NORM WEINBERG DIRECTOR	1.00	X						0.	0.	0.
(31) JUDY WEINSTEIN DIRECTOR	1.00	X						0.	0.	0.
(32) PETER WELLS DIRECTOR	1.00	X						0.	0.	0.
(33) CYNTHIA WRIGHT DIRECTOR	1.00	X						0.	0.	0.
(34) MERRILL WYNNE DIRECTOR	1.00	X						0.	0.	0.
(35) PATTI WERTHEIMER PRESIDENT	1.00	X		X				0.	0.	0.
(36) DR. JOSH GREEN SECRETARY PARLIMENTARIAN BEGIN 12/1/	1.00	X		X				0.	0.	0.
(37) RROZ GOLDBERG SECRETARY PARLIMENTARIAN TO 12/1/16	1.00	X						0.	0.	0.
(38) MICHAEL RITTER PRESIDENT ELECT	1.00	X		X				0.	0.	0.
(39) IAN BLACK VICE PRESIDENT	1.00	X		X				0.	0.	0.
(40) LINDA LIPSON VICE PRESIDENT	1.00	X		X				0.	0.	0.
(41) ROSLYN MAZUR VICE PRESIDENT	1.00	X		X				0.	0.	0.
(42) BRUCE UDELL VICE PRESIDENT	1.00	X		X				0.	0.	0.
(43) NANCY SWART PAST PRESIDENT	1.00	X		X				0.	0.	0.
(44) RANDON CARVEL TREASURER	1.00	X		X				0.	0.	0.
(45) NELLE MILLER HONORARY MEMBER	1.00	X		X				0.	0.	0.
(46) HOWARD TEVLOWITZ EXECUTIVE DIRECTOR	50.00			X				174,469.	0.	62,841.
Total to Part VII, Section A, line 1c										



**Part VIII** Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	9,350.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,179,449.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		101,856.				
<b>h Total.</b> Add lines 1a-1f			5,188,799.				
<b>Program Service Revenue</b>	<b>2 a</b> ISRAEL MISSION	<b>Business Code</b>	900099	57,460.	57,460.		
	<b>b</b> JEWISH FILM FESTIVAL		900099	52,635.	52,635.		
	<b>c</b> WOMENS DAY		900099	31,860.	31,860.		
	<b>d</b> YOUNG AMBASSADORS		900099	9,750.	9,750.		
	<b>e</b> CLUB FED		900009	5,252.	5,252.		
	<b>f</b> All other program service revenue		900099	20,688.	20,688.		
	<b>g Total.</b> Add lines 2a-2f			177,645.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			6,444.			6,444.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	287,988.				
	<b>b</b> Less: rental expenses	(ii) Personal	185,164.				
	<b>c</b> Rental income or (loss)		102,824.				
	<b>d</b> Net rental income or (loss)			102,824.			102,824.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	58,880.				
	<b>b</b> Less: cost or other basis and sales expenses	(ii) Other	50,221.				
	<b>c</b> Gain or (loss)		8,659.				
	<b>d</b> Net gain or (loss)			8,659.			8,659.
	<b>8 a</b> Gross income from fundraising events (not including \$ 9,350. of contributions reported on line 1c). See Part IV, line 18		39,175.				
	<b>b</b> Less: direct expenses		55,066.				
	<b>c</b> Net income or (loss) from fundraising events			-15,891.			-15,891.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> ADVERTISING		541800	265,759.		265,759.		
<b>b</b> OTHER SUPPORT REVENUE		900099	5,585.			5,585.	
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			271,344.				
<b>12 Total revenue.</b> See instructions.			5,739,824.	177,645.	265,759.	107,621.	

**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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,175,691.	3,175,691.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	160,263.	160,263.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	371,222.	227,722.	92,527.	50,973.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	953,241.	582,969.	179,456.	190,816.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,498.	31,906.	14,623.	15,969.
9 Other employee benefits	124,940.	70,592.	27,005.	27,343.
10 Payroll taxes	94,380.	54,741.	20,763.	18,876.
11 Fees for services (non-employees):				
a Management	1,753.	286.	98.	1,369.
b Legal	37,795.	6,170.	2,117.	29,508.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	126,561.			126,561.
f Investment management fees	28,431.		28,431.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	196,188.	177,935.	4,430.	13,823.
12 Advertising and promotion	68,935.	63,438.	1,127.	4,370.
13 Office expenses	103,345.	80,001.	9,828.	13,516.
14 Information technology	62,491.	36,244.	13,748.	12,499.
15 Royalties				
16 Occupancy	24,798.	14,384.	5,455.	4,959.
17 Travel	161,097.	157,787.	1,734.	1,576.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,515.	27,025.	4,088.	5,402.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	52,844.	30,649.	11,626.	10,569.
23 Insurance	122,160.	17,513.	6,605.	98,042.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a NEWSPAPER PRODUCTION	127,685.	93,641.	21,302.	12,742.
b FOOD & BEVERAGE	120,699.	110,158.	3,534.	7,007.
c RENTAL EXPENSE	83,341.	83,287.	28.	26.
d DUES & SUBSCRIPTIONS	30,737.	22,945.	4,082.	3,710.
e All other expenses	41,456.	28,220.	4,773.	8,463.
25 Total functional expenses. Add lines 1 through 24e	6,369,066.	5,253,567.	457,380.	658,119.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**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 .....	300.	1	500.
	2 Savings and temporary cash investments .....	2,452,779.	2	2,381,311.
	3 Pledges and grants receivable, net .....	307,350.	3	250,024.
	4 Accounts receivable, net .....		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	42,960.	9	41,396.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 7,668,544.		
	b Less: accumulated depreciation .....	10b 4,042,298.		
		3,772,080.	10c	3,626,246.
	11 Investments - publicly traded securities .....	544,950.	11	495,181.
	12 Investments - other securities. See Part IV, line 11 .....	16,791,799.	12	17,641,011.
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
15 Other assets. See Part IV, line 11 .....	907,381.	15	938,945.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	24,819,599.	16	25,374,614.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	252,130.	17	351,397.
	18 Grants payable .....	115,637.	18	198,784.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		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 .....	955,800.	25	934,832.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	1,323,567.	26	1,485,013.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets .....		14,114,743.	27	14,374,963.
28 Temporarily restricted net assets .....		2,258,723.	28	2,659,412.
29 Permanently restricted net assets .....		7,122,566.	29	6,855,226.
<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds .....			30	
31 Paid-in or capital surplus, or land, building, or equipment fund .....			31	
32 Retained earnings, endowment, accumulated income, or other funds .....			32	
33 <b>Total net assets or fund balances</b> .....		23,496,032.	33	23,889,601.
34 <b>Total liabilities and net assets/fund balances</b> .....		24,819,599.	34	25,374,614.

Form 990 (2016)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,739,824.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,369,066.
3	Revenue less expenses. Subtract line 2 from line 1	3	-629,242.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,496,032.
5	Net unrealized gains (losses) on investments	5	-19,072.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,041,883.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,889,601.

**Part XII Financial Statements and Reporting**

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

☒

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

Department of the Treasury  
Internal Revenue Service

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.

OMB No. 1545-0047

2016

**Open to Public Inspection**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number  
59-1227747

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--------------------------------------------------------------------------------------------------------

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 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).

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		
<b>Total</b>						



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,225,750.	5,452,945.	5,517,222.	3,905,568.	5,188,799.	23,290,284.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,225,750.	5,452,945.	5,517,222.	3,905,568.	5,188,799.	23,290,284.
<b>5</b> 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) .....						1,847,320.
<b>6 Public support.</b> Subtract line 5 from line 4.						21,442,964.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	3,225,750.	5,452,945.	5,517,222.	3,905,568.	5,188,799.	23,290,284.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	235,064.	282,652.	298,657.	310,492.	294,432.	1,421,297.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	197,959.	211,766.	233,932.	243,471.	265,759.	1,152,887.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	322.	4,748.	2,505.	360.	5,585.	13,520.
<b>11 Total support.</b> Add lines 7 through 10 .....						25,877,988.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	1,308,797.
<b>13 First five 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**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	82.86 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	85.16 %
<b>16a 33 1/3% support test - 2016.</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 - 2015.</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"/>
<b>17a 10% -facts-and-circumstances test - 2016.</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 - 2015.</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"/>
<b>18 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"/>

Schedule A (Form 990 or 990-EZ) 2016

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in **Part VI**.

	Yes	No
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

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

	Yes	No
<b>1</b>		

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

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

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. Answer (a) and (b) below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>		Current Year	
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <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).			

Schedule A (Form 990 or 990-EZ) 2016

**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		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions		
7	<b>Total annual distributions.</b> Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	<b>Total</b> of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. 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 2017.</b> Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

**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.)

DRAFT



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

**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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

**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 .....	19	
2 Aggregate value of contributions to (during year) .....	1,606,752.	
3 Aggregate value of grants from (during year) .....	1,169,935.	
4 Aggregate value at end of year .....	903,159.	

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? ☒ Yes ☐ 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? ☒ Yes ☐ 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 (e.g., 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 in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 2(d) 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

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

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

Schedule D (Form 990) 2016

**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 are a 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 programs  
 e ☐ Other \_\_\_\_\_

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	9,442,746.	9,687,718.	8,736,154.	7,336,252.	7,127,595.
b Contributions	37,149.	329,906.	1,401,614.	1,494,959.	192,424.
c Net investment earnings, gains, and losses	492,791.	-66,465.	137,372.	894,050.	464,484.
d Grants or scholarships					
e Other expenditures for facilities and programs	719,653.	508,413.	389,017.	989,107.	448,251.
f Administrative expenses			198,405.		
g End of year balance	9,253,033.	9,442,746.	9,687,718.	8,736,154.	7,336,252.

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

- a Board designated or quasi-endowment ☐ %  
 b Permanent endowment ☐ %  
 c Temporarily restricted endowment ☐ %  
 The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	3a(i) X	
(ii) related organizations	3a(ii)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		1,022,395.		1,022,395.
b Buildings		6,166,895.	3,695,185.	2,471,710.
c Leasehold improvements		36,254.		36,254.
d Equipment		399,269.	304,625.	94,644.
e Other		43,731.	42,488.	1,243.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,626,246.

Schedule D (Form 990) 2016

**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) PARTNERSHIP INTEREST IN		
(B) JEWISH COMMUNITY		
(C) ENDOWMENT POOL	17,641,011.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	17,641,011.	

**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> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES & TRUSTS PAYABLE	800,614.
(3) FUNDS HELD ON BEHALF OF OTHERS	134,218.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	934,832.

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 FIN 48 (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	6,765,381.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-19,072.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,044,629.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,025,557.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	5,739,824.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	5,739,824.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	6,371,812.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,746.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,746.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	6,369,066.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	6,369,066.

**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 V, LINE 4:**

ALL ENDOWMENT FUNDS ARE ADMINISTERED IN ACCORDANCE WITH THE DONOR

AGREEMENT. RESTRICTED FUNDS ARE USED FOR PROGRAMS TO PROMOTE JEWISH

CONTINUITY OR PROVIDE FINANCIAL ASSISTANCE IN OUR COMMUNITY. SCHOLARSHIP

FUNDS ARE USED TO AWARD POST HIGH SCHOOL SCHOLARSHIPS TO STUDENTS IN OUR

COMMUNITY MEETING THE REQUIRED CRITERIA. UNRESTRICTED FUND IS USED TO

SUPPORT THE SARASOTA-MANATEE JEWISH FEDERATION (FEDERATION) PROGRAMS AS

DETERMINED BY THE BOARD OF DIRECTORS. THE PERMANENTLY ENDOWED FUNDS ARE

FUNDS HELD IN PERPETUITY WITH THE INCOME USED TO IMPLEMENT THE FEDERATION

MISSION.

DURING 2013, IT WAS DETERMINED THAT ENDOWMENT FUNDS WERE BEING INCORRECTLY

**Part XIII** Supplemental Information (continued)

PRESENTED ON THE FORM 990 SCHEDULE D PART V. 2012 AND 2013 HAVE BEEN  
RESTATED TO REFLECT THIS CORRECTION.

## PART X, LINE 2:

UNDER THE INCOME TAXES TOPIC OF THE FASB ACCOUNTING STANDARDS  
CODIFICATION, THE FEDERATION HAS REVIEWED AND EVALUATED THE RELEVANT  
TECHNICAL MERITS OF EACH OF ITS TAX POSITIONS IN ACCORDANCE WITH  
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA  
FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AND DETERMINED THAT THERE  
ARE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE  
FINANCIAL STATEMENTS OF THE FEDERATION.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF JCEP	1,074,211.
UNCOLLECTIBLE PLEDGES	2,746.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-28,958.
CHANGE IN VALUE OF REINSURANCE RECEIVABLE	-3,370.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,044,629.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNCOLLECTIBLE PLEDGES	2,746.
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**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

Employer identification number

SARASOTA-MANATEE JEWISH FEDERATION, INC.

59-1227747

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICE EXPENSES	MISSION TRIP TO ISRAEL	84,146.
NORTH AMERICA	0	0	PROGRAM SERVICE EXPENSES	JEWISH CAMP FOR KIDS	2,250.
<b>3 a</b> Sub-total .....	0	0			86,396.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			86,396.

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

Schedule F (Form 990) 2016







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ..... ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990) ..... ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ..... ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ..... ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ..... ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990) ..... ☐ Yes ☒ No

Schedule F (Form 990) 2016

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

PAYMENT TO OVERSEAS IS ONLY FOR SPECIFIC VENDOR SERVICES. THE OVERSIGHT INCLUDES RECEIVING THE CONTRACTED SERVICES.

DRAFT

Department of the Treasury  
Internal Revenue Service

**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.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

**Open to Public Inspection**

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number	59-1227747
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## Part I

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

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

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

- 2 a** 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			
RICHARD BERGMAN - 1255 N. GULFSTREAM AVE, SARASOTA, FL	DEVELOPMENT CONSULTANT - FUND RAISING AND COMMUNITY		X	2,009,404.	118,146.	1,891,258.
SIEGEL MARKETING - 1845 N FARWELL AVENUE SUITE 300,	TELEMARKETING CAMPAIGNS		X	36,146.	8,415.	27,731.
<b>Total</b>				2,045,550.	126,561.	1,918,989.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LION OF JUDAH (event type)	MAJOR GIFTS (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	21,850.	26,675.		48,525.
	<b>2</b> Less: Contributions .....	4,100.	5,250.		9,350.
	<b>3</b> Gross income (line 1 minus line 2) .....	17,750.	21,425.		39,175.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	1,327.			1,327.
	<b>7</b> Food and beverages .....	6,831.	15,524.		22,355.
	<b>8</b> Entertainment .....	4,450.			4,450.
	<b>9</b> Other direct expenses .....	17,133.	1,681.		18,814.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				46,946.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-7,771.

**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	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> 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 _____ %	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: RICHARD BERGMAN

(I) ADDRESS OF FUNDRAISER: 1255 N. GULFSTREAM AVE, SARASOTA, FL 34236

(II) ACTIVITY: DEVELOPMENT CONSULTANT - FUND RAISING AND COMMUNITY OUTREACH

(I) NAME OF FUNDRAISER: SIEGEL MARKETING

(I) ADDRESS OF FUNDRAISER:

1845 N FARWELL AVENUE SUITE 300, MILWAUKEE, WI 53202



**Part IV** Supplemental Information (continued)

PART I, LINE 2B, COLUMN (V):

RICHARD BERGMAN - AGREEMENT STIPULATES FIXED REMUNERATION AMOUNT FOR FUNDRAISING SERVICES PLUS EXPENSES. CONSULTANT SUBMITS RECEIPTS FOR EXPENSE REIMBURSEMENT.

SIEGEL MARKETING - TELEMARKETING CONTRACT STIPULATES FIXED PAYMENT PER DONOR CONTACT MADE BY THE TELEMARKETING FIRM OR FIXED HOURLY RATE DEPENDING ON THE NUMBER OF RECORDS INCLUDED IN THE PROJECT PLUS HOURLY PAYMENT FOR ADMINISTRATIVE SET UP.

DRAFT

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**SARASOTA-MANATEE JEWISH FEDERATION, INC.**

Employer identification number  
**59-1227747**

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACT FOR AMERICA 295 BENDIX ROAD NO 260 VIRGINIA BEACH, VA 23452	26-0772227	501(C)(3)	5,000.	0.			GENERAL
ALL FAITHS FOOD BANK, INC 8171 BLAICKIE CT SARASOTA, FL 34240	65-0115814	501(C)(3)	39,500.	0.			GENERAL
AMERICAN FREEDOM DEFENSE INITIATIVE - 1040 1ST AVE PO BOX 121 - NEW YORK, NY 10022	27-2518993	501(C)(3)	7,500.	0.			GENERAL
AMERICAN FRIENDS OF LEKET ISRAEL, INC - P.O. BOX 2090 - TEANECK, NJ 07666-1490	20-8202424	501(C)(3)	35,000.	0.			GENERAL
AMERICAN JEWISH COMMITTEE 165 EAST 56TH STREET NEW YORK, NY 10022-2709	13-5563393	501(C)(3)	18,900.	0.			GENERAL
AMERICAN TECHNION SOCIETY 55E 59TH STREET, FLOOR 14 NEW YORK, NY 10126-2385	13-0434195	501(C)(3)	17,850.	0.			GENERAL

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **52.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

**Schedule I (Form 990) (2016)**

## SARASOTA - MANATEE JEWISH FEDERATION, INC.

## Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTISTS 4 ISRAEL C/O CRAIG DERSHOWITZ, 1060 S COCHRAN AVE, STE 4 - LOS ANGELES, CA 90019	80-0415734	501(C)(3)	5,000.	0.			GENERAL
AVIVA 1951 N HONORE AVE SARASOTA, FL 34235	65-0091025	501(C)(3)	29,414.	0.			GENERAL
CASE ALUMNI ASSOCIATION FUND TOMLINSON HALL, RM 109, 10900 EUCLID AVE - CLEVELAND, OH 44106-7073	20-4435833	501(C)(3)	10,000.	0.			GENERAL
CHABAD OF BRADENTON C/O RABBI MENDY BUKIET, 5712 LORRAI BRADENTON, FL 34211	20-1636179	501(C)(3)	12,100.	0.			GENERAL
CHABAD OF VENICE & NORTH PORT FL INC - 2169 S. TAMiami TRAIL - VENICE, FL 34293	20-2799569	501(C)(3)	20,760.	0.			GENERAL
CHAMPAIGN-URBANA JEWISH FEDERATION 503 E. JOHN STREET CHAMPAIGN, IL 61820	23-7344693	501(C)(3)	5,000.	0.			GENERAL
CHAVERIM, ISRAEL FAMILY SERVICES INC - ATTN: HERSHY ZWEBNER, 2535 JFK BLVD - JERSEY CITY, NJ 07304	20-1385707	501(C)(3)	15,000.	0.			GENERAL
COEXISTENCE, INC. PO BOX 2559 SARASOTA, FL 34230-2559	20-3581293	501(C)(3)	52,500.	0.			GENERAL
EDUCATION FOUNDATION OF SARASOTA COUNTY - ATTN JENNIFER VIGNE, 1960 LANDINGS BLVD STE 120 - SARASOTA, FL 34231	59-2320858	501(C)(3)	15,000.	0.			GENERAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENDOWMENT FOR MIDDLE EAST TRUTH 1050 CONNECTICUT AVE NW 10TH FLOOR WASHINGTON, DC 20036	20-4329740	501(C)(3)	5,000.	0.			GENERAL
FLORIDA STUDIO THEATRE 1241 NORTH PALM AVENUE SARASOTA, FL 34236	23-7362760	501(C)(3)	7,500.	0.			GENERAL
FRIENDS OF DANIEL CENTERS FOR PROGRESSIVE JUDAISM - 4108 LELAND ST - CHEVY CHASE, MD 20815-5034	13-3695770	501(C)(3)	46,500.	0.			GENERAL
FRIENDS OF THE IDF 7700 CONGRESS AVE, STE 3207 BOCA RATON, FL 33487	13-3156445	501(C)(3)	6,000.	0.			GENERAL
FRIENDSHIP CIRCLE NEW JERSEY INC 10 MICROLAB RD LIVINGSTON, NJ 07039	46-3008950	501(C)(3)	6,000.	0.			GENERAL
GOLDIE FELDMAN ACADEMY 1050 S. TUTTLE AVE SARASOTA, FL 34237	23-7156328	501(C)(3)	9,893.	0.			GENERAL
HAND IN HAND PO BOX 80102 PORTLAND, OR 97280	93-1269590	501(C)(3)	36,151.	0.			GENERAL
HARVEST HOUSE ATTN MS ERIN MINOR, 209 LIME AVE SARASOTA, FL 34237	59-2186807	501(C)(3)	5,000.	0.			GENERAL
HERSHORIN SCHIFF DAY SCHOOLS OF TOMORROW - 1050 S TUTTLE AVE - SARASOTA, FL 34237	47-3558984	501(C)(3)	31,000.	0.			GENERAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISRAEL TENNIS CENTERS FOUNDATION, INC - 432 PARK AVENUE SOUTH - NEW YORK, NY 10016	13-2961273	501(C)(3)	151,250.	0.			GENERAL
JEWISH FAMILY & CHILDREN'S SERVICE OF SARASOTA-MANATEE INC - 2688 FRUITVILLE ROAD - SARASOTA, FL 34237	59-2693318	501(C)(3)	246,932.	0.			GENERAL
JEWISH FEDERATION OF GREATER BUFFALO - 787 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743210	501(C)(3)	9,800.	0.			GENERAL
JEWISH FEDERATION OF THE LEHIGH VALLEY - 702 N 22ND ST - ALLENTOWN, PA 18104	23-6396949	501(C)(3)	40,000.	0.			GENERAL
JEWISH HOUSING COUNCIL FOUNDATION INC - 1951 N HONORE AVE - SARASOTA, FL 34235	20-0910348	501(C)(3)	179,142.	0.			GENERAL
JEWISH JOINT DISTRIBUTION COMMITTEE - 711 THIRD AVE, 10TH FLOOR - NEW YORK, NY 10017	13-1656634	501(C)(3)	142,722.	0.			GENERAL
JEWISH NATIONAL FUND INC 1951 NW 19TH ST, SUITE A-100 BOCA RATON, FL 33431	13-1659627	501(C)(3)	8,500.	0.			GENERAL
JUDICIAL WATCH INC ATTN DIR OF DEVEL, 425 THIRD ST SW WASHINGTON, DC 20024	52-1885088	501(C)(3)	5,000.	0.			GENERAL
MARIE SELBY BOTANICAL GARDENS 811 S. PALM AVE SARASOTA, FL 34236	59-1848965	501(C)(3)	75,000.	0.			GENERAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTE MARINE LABORATORY 1600 KEN THOMPSON PKWAY SARASOTA, FL 34236	59-0756643	501(C)(3)	11,000.	0.			GENERAL
PERLMAN MUSIC PROGRAM/SUNCOAST INC P.O. BOX 3407 SARASOTA, FL 34230	26-2714384	501(C)(3)	20,175.	0.			GENERAL
SARASOTA COUNTY NAACP ATTN TREVOR HARVEY, PO BOX 1024 SARASOTA, FL 34230	59-6196808	501(C)(3)	5,000.	0.			GENERAL
SARASOTA LIBERAL YESHIVA INC 2729 GOODWOOD COURT SARASOTA, FL 34235	27-3758517	501(C)(3)	5,180.	0.			GENERAL
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	20,000.	0.			GENERAL
TEMPLE BETH SHOLOM 1050 S. TUTTLE AVE SARASOTA, FL 34237	23-7156328	501(C)(3)	36,357.	0.			GENERAL
TEMPLE EMANU-EL 151 S. MCINTOSH ROAD SARASOTA, FL 34232	59-1145961	501(C)(3)	26,955.	0.			GENERAL
TEMPLE SINAI 4631 S. LOCKWOOD RIDGE RD SARASOTA, FL 34231	59-3056302	501(C)(3)	5,785.	0.			GENERAL
THE INVESTIGATIVE PROJECT ON TERRORISM FOUNDATION - 5614 CONNECTICUT AVE NW, #3 - WASHINGTON, DC 20015	13-4331855	501(C)(3)	25,000.	0.			GENERAL

Schedule I (Form 990)

## Schedule I (Form 990) Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JEWISH AGENCY FOR ISRAEL 633 3RD AVENUE, 21ST FLOOR NEW YORK, NY 10017	23-7254561	501(C)(3)	92,502.	0.			GENERAL
THE JEWISH FEDERATIONS OF NORTH AMERICA, INC - 25 BROADWAY, SUITE 1700 - NEW YORK, NY 10004-1010	13-1624240	501(C)(3)	1,260,955.	0.			GENERAL
THE RETHINK ISRAEL INITIATIVE INC PO BOX 6833 BRIDGEWATER, NJ 08807	45-2443461	501(C)(3)	50,000.	0.			GENERAL
THOMAS MORE LAW CENTER P.O. BOX 393 ANN ARBOR, MI 48106	38-3448297	501(C)(3)	10,000.	0.			GENERAL
URJ CAMP COLEMAN 1580 SPALDING DRIVE ATLANTA, GA 30350	13-1663143	501(C)(3)	8,385.	0.			GENERAL
VAN WEZEL PERFORMING ARTS HALL 777 N. TAMiami TRAIL SARASOTA, FL 34236	59-2807055	501(C)(3)	5,000.	0.			GENERAL
VIDEO ARCHIVES INC 1235 S. TAMiami TRL SARASOTA, FL 34239	65-0249135	501(C)(3)	7,430.	0.			GENERAL
WAYNE CENTER FOR THE ARTS PO BOX 382 WOOSTER, OH 44691	34-2016097	501(C)(3)	6,000.	0.			GENERAL
YAD EZRA V'SHULAMIT ATTN TAMI ELLISON, 3470 WILSHIRE BLVD, STE 1020 - LOS ANGELES, CA 90010	46-0477228	501(C)(3)	20,000.	0.			GENERAL

Schedule I (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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	239	160,263.	0.		

**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:**

GRANTEES ARE REQUIRED TO SUBMIT WRITTEN FINAL REPORTS UPON COMPLETION OF

THE GRANT. EXCEPTIONS ARE MADE FOR OPERATING GRANTS FROM DONOR ADVISED

FUNDS AND DONOR RECOMMENDED GRANTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

**SARASOTA-MANATEE JEWISH FEDERATION, INC.**

Employer identification number

**59-1227747**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                             |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee          | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

**1b**

**2**

**4a**

**4b**

**4c**

**5a**

**5b**

**6a**

**6b**

**7**

**8**

**9**

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2016



**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Area with horizontal lines for supplemental information.

(Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

2016

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number	59-1227747
--------------------------------	------------

<b>Part I</b>	<b>Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
---------------	---------------------------------------------------------------------------------------------------------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

<b>Part II</b>	<b>Loans to and/or From Interested Persons.</b>
----------------	-------------------------------------------------

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

reported an amount on Form 990, Part X, line 3, 6, or 22.												
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

**Total** \_\_\_\_\_ ▶ \$ \_\_\_\_\_

<b>Part III</b>	<b>Grants or Assistance Benefiting Interested Persons.</b>
-----------------	------------------------------------------------------------

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
AMANDA GREEN	FAMILY MEMBER OF	1,875.	OVERSEAS TRAV	
JACOB GREEN	FAMILY MEMBER OF	500.	CAMP SCHOLARS	
MELANIE GREEN	FAMILY MEMBER OF	500.	CAMP SCHOLARS	
ALEX HANAN	FAMILY MEMBER OF	500.	CAMP SCHOLARS	
JORDYN SALTZBERG	FAMILY MEMBER OF	500.	CAMP SCHOLARS	
JAKE SALTZBERG	FAMILY MEMBER OF	750.	CAMP SCHOLARS	

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

Schedule L (Form 990 or 990-EZ) 2016

SEE PART V FOR CONTINUATIONS

(a) Name of interested person

**(b) Relationship between interested person and the organization**

(c) Amount of transaction

**(d) Description of transaction**

(e) Sharing of organization's revenues?

Yes	No
-----	----

Provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: AMANDA GREEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR

(C) AMOUNT OF GRANT \$ 1,875.

(D) TYPE OF ASSISTANCE: OVERSEAS TRAVEL SUBSIDY

(A) NAME OF PERSON: JACOB GREEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR

(C) AMOUNT OF GRANT \$ 500.

(D) TYPE OF ASSISTANCE: CAMP SCHOLARSHIP

(A) NAME OF PERSON: MELANIE GREEN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR

(C) AMOUNT OF GRANT \$ 500.

(D) TYPE OF ASSISTANCE: CAMP SCHOLARSHIP

**Part V** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(A) NAME OF PERSON: ALEX HANAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR

(C) AMOUNT OF GRANT \$ 500.

(D) TYPE OF ASSISTANCE: CAMP SCHOLARSHIP

(A) NAME OF PERSON: JORDYN SALTZBERG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR

(C) AMOUNT OF GRANT \$ 500.

(D) TYPE OF ASSISTANCE: CAMP SCHOLARSHIP

(A) NAME OF PERSON: JAKE SALTZBERG

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR

(C) AMOUNT OF GRANT \$ 750.

(D) TYPE OF ASSISTANCE: CAMP SCHOLARSHIP

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

**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 .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	25	101,856.	NYSE
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 .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
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 IV, Donee Acknowledgement .....

29

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2016)



**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.

SCHEDULE M, LINE 32B:

FEDERATION USES 3RD PARTY VENDOR, DONATE A CAR, FOR ITS AUTO DONATIONS.

THE 3RD PARTY VENDOR RECEIVES THE DONATION, PROCESSES THE REQUIRED

PAPERWORK, DISPOSES OF THE AUTOMOBILE AND REMITS THE NET AMOUNT TO THE

FEDERATION.

DRAFT

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

**FORM 990, PART I, LINE 6 VOLUNTEERS**

FEDERATION VOLUNTEERS SERVED ON VARIOUS COMMITTEES, BOARDS, ASSISTED  
WITH SET UP, BREAKDOWN, AND REGISTRATION FOR FEDERATION EVENTS AND  
PROGRAMS. IN ADDITION THE VOLUNTEERS ASSISTED WITH STUFFING ENVELOPES  
AND VARIOUS MAILINGS.

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

ACTIVITIES IN SARASOTA-MANATEE.

\*\* FEDERATION STAFF AND VOLUNTEERS BUILD PERSONAL RELATIONSHIPS  
WITH CLERGY, CIVIC, AND COMMUNITY LEADERSHIP

\*\* THIS INITIATIVE HAS SPONSORED NUMEROUS SPEAKERS AND FOUR  
INTERFAITH MISSIONS TO ISRAEL.

\* THE FAST INITIATIVE (FIGHTING ANTI-SEMITISM TODAY) WAS BORN OUT OF  
A NECESSITY TO MOBILIZE THE COMMUNITY TO BETTER UNDERSTAND THE MODERN  
DAY ANTI-SEMITISM THAT IS PLAGUING OUR WORLD TODAY. THE BOYCOTT,  
DIVESTMENT, SANCTIONS (BDS) MOVEMENT IS QUICKLY GROWING ON COLLEGE  
CAMPUSES UNDER THE GUISE THAT IT IS A PEACEFUL SOLUTION TO THE CONFLICT  
BETWEEN ISRAEL AND THE PALESTINIANS. IN REALITY IT IS A BREEDING GROUND  
FOR ANTI-ISRAEL, ANTI-JEWISH AND ANTI-PEACE RHETORIC.

\*\* OUR FAST COMMITTEE IS INTRICATELY INVOLVED ON THE NEW COLLEGE OF  
FLORIDA CAMPUS MEETING WITH COLLEGE ADMINISTRATORS AND VOLUNTEER  
LEADERSHIP, STUDENT LEADERS AND COMMUNITY CHANGE-MAKERS TO FIND A

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

SOLUTION TO BDS.

\*\* THE FAST COMMITTEE IS ALSO WORKING WITH JEWISH STUDENTS AT USF  
SARASOTA-MANATEE AND RINGLING COLLEGE OF ART + DESIGN.

\*\* TOGETHER WE WORK TO SUPPORT OUR NEXT GENERATION; OUR FUTURE.

\* THE WOMEN'S GIVING CIRCLE IS MADE UP OF WOMEN IN THE  
SARASOTA-MANATEE AREA WHO ARE DEDICATED TO FUNDING PROJECTS DESIGNED TO  
IMPROVE THE LIVES OF WOMEN AND CHILDREN IN ISRAEL. MEMBERS MAKE A  
CONTRIBUTION AND HAVE A VOICE IN DETERMINING THE ALLOCATION OF FUNDS.  
HAVING JUST COMPLETED ITS FIFTH YEAR, THE CIRCLE HAS GROWN TO MORE THAN  
80 MEMBERS WHO IN 2016 AWARDED 11 ORGANIZATIONS A TOTAL OF \$40,000. AS  
AN EXAMPLE TWO OF THE RECIPIENTS WERE: FIRST HUG IN ISRAEL ASSOCIATION,  
WHICH CARES FOR ABANDONED BABIES IN ISRAELI HOSPITALS; AND HEALTH AND  
COMMUNITY SERVICE CENTER, WHICH RUNS AN ETHIOPIAN TEEN DENTAL CARE  
PROGRAM.

\* EACH YEAR, THE FEDERATION SELECTS LOCAL HIGH SCHOOL STUDENTS TO  
PARTICIPATE IN THE PRESTIGIOUS BOB MALKIN YOUNG AMBASSADORS TEEN  
LEADERSHIP PROGRAM (BMYA) AND MARCH OF THE LIVING PROGRAM. THESE  
EDUCATIONAL AND SPIRITUAL JOURNEYS ALLOW TEENS TO DEVELOP LEADERSHIP  
SKILLS, EXPLORE WHO THEY ARE AS INDIVIDUALS AND AS A TEAM, AND LEARN  
FIRST-HAND THE IMPORTANCE OF ISRAEL TO JEWS AROUND THE WORLD. IN  
ADDITION TO THE HIGHLY SUBSIDIZED TRIP, THE PROGRAM INCLUDES REGULAR  
PRE- AND POST- MISSION MEETINGS, SOCIAL EVENTS, AND LEADERSHIP  
TRAINING, DURING WHICH THE STUDENTS WILL DEVELOP THEIR RELATIONSHIPS  
WITH ONE ANOTHER AND WITH ISRAEL, AND BECOME AMBASSADORS IN OUR  
COMMUNITY. IN 2016, SEVEN STUDENTS PARTICIPATED IN THE BOB MALKIN

YOUNG AMBASSADORS TEEN LEADERSHIP PROGRAM AND TWO STUDENTS PARTICIPATED

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

IN THE MARCH OF THE LIVING PROGRAM.

\*\* MORE THAN 170 HIGH SCHOOL STUDENTS HAVE PARTICIPATED IN THESE PROGRAMS SINCE THEIR ONSET.

\* OVERSEAS GRANTS:

\*\* HAND IN HAND: CENTER FOR JEWISH-ARAB EDUCATION IN ISRAEL WORKS TO ESTABLISH AND GROW A NETWORK OF INTEGRATED PUBLIC SCHOOLS, SERVING ARAB AND JEWISH CITIZENS OF ISRAEL.

\*\* YASHAR LACHAYAL: YASHAR LACHAYAL NEEDY SOLDIER SUPPLY CLOSET PROGRAM PROVIDES PERSONAL GOODS AND TOILETRIES IN A DIGNIFIED MANNER TO SOLDIERS SUFFERING FROM FINANCIAL DIFFICULTIES.

\*\* THE JAFFA INSTITUTE: ACCOMPANYING THE ELDERLY DELIVERS FOOD PACKAGES TO IMPOVERISHED ELDERLY CITIZENS IN THE GREATER JAFFA AREA TO COMBAT HUNGER AND MALNUTRITION. A MAJORITY OF WHOM ARE HOLOCAUST SURVIVORS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EXAMPLES OF SPECIFIC PROGRAMS FUNDED INCLUDE:

\* YOUTH GRANTS

\*\* JEWISH SUMMER CAMP INCENTIVE GRANTS: STUDIES HAVE PROVEN, OVERWHELMINGLY, THAT JEWISH CAMPING EXPERIENCES SERVE AS A CRITICAL TOOL IN JEWISH CONTINUITY EFFORTS. IN AN EFFORT TO ENCOURAGE AREA FAMILIES TO SEND THEIR CHILDREN TO JEWISH CAMPS, THE JEWISH FEDERATION

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

OF SARASOTA-MANATEE AWARDED \$57,250 FOR 81 STUDENTS IN INCENTIVE GRANTS AND FINANCIAL ASSISTANCE GRANTS IN 2016. CHILDREN FROM SARASOTA-MANATEE ATTENDED JEWISH OVERNIGHT CAMPS SUCH AS CAMP RAMAH DAROM, CAMP BARNEY MEDINTZ, CAMP GAN ISRAEL, CAMP COLEMAN, EMMA KAUFMANN AND CAMP AVODA.

\*\* RELIGIOUS SCHOOL SCHOLARSHIPS - FEDERATION PROVIDED 105 RELIGIOUS SCHOOL SCHOLARSHIPS TOTALING \$34,618.

\*\* COLLEGE SCHOLARSHIPS - FEDERATION PROVIDED 20 COLLEGE SCHOLARSHIPS TOTALING \$63,000

\*\* LEADERSHIP DEVELOPMENT - FEDERATION PROVIDED FOR 21 STUDENTS TO ATTEND THE AIPAC POLICY CONFERENCE, PANIM EL PANIM PROGRAM, AND JEWISH TEEN CONCLAVES.

\* FEDERATION-SPONSORED COMMUNITY-WIDE EDUCATIONAL AND CULTURAL PROGRAMS ENSURE A STRONG JEWISH IDENTITY AND TO HELP BUILD A DYNAMIC AND ENGAGED JEWISH COMMUNITY FOR GENERATIONS TO COME. PROGRAMS FEATURE SPEAKERS ON A WIDE VARIETY OF TOPICS.

\* SINCE ITS INCEPTION THE FEDERATION'S PJ LIBRARY PROGRAM HAS ENABLED MORE THAN 840 FAMILIES WITH CHILDREN AGES 6 MONTHS TO 8 YEARS TO RECEIVE A MONTHLY MAILING OF JEWISH CHILDREN'S BOOKS, CDS, OR THE OCCASIONAL PARENT BOOK, FOR ONE YEAR. EACH BOOK AND CD CAME WITH GUIDES TO HELP FAMILIES USE THE SELECTION IN THEIR HOMES. BOOK AND MUSIC LISTS WERE CHOSEN BY THE FOREMOST EARLY-CHILDHOOD EXPERTS. THE LIST INCLUDES THEMES SUCH AS JEWISH HOLIDAYS, FOLKTALES AND JEWISH FAMILY LIFE.

\* THE JEWISH FILM FESTIVAL, THE JEWISH FEDERATION'S LARGEST SINGLE OUTREACH PROGRAM, PROVIDES SCREENINGS OF FILMS AND EVENTS FOR THE ENTIRE COMMUNITY ON TOPICS THAT APPEAL TO A BROAD RANGE OF INTERESTS, AGES AND POINTS OF VIEW.

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

\*\* MORE THAN 6,300 MEMBERS OF OUR COMMUNITY ATTENDED

\* THE FEDERATION HONORS ITS COMMITMENT TO HOLOCAUST EDUCATION THROUGH:

\*\* THE SPEAKERS BUREAU, WHICH ADDRESSES ISSUES PERTAINING TO HOLOCAUST EDUCATION IN LOCAL PUBLIC AND PRIVATE SCHOOLS FOR THOUSANDS OF STUDENTS; ALONG WITH SPEAKING AT ROTARY CLUBS, TEMPLES AND CHURCHES REACHING HUNDREDS OF ADULTS.

\*\* THE ANNUAL HOLOCAUST SURVIVORS LUNCHEON;

\*\* AND FEDERATION-SPONSORED HOLOCAUST EDUCATION PROGRAMS THROUGHOUT THE COMMUNITY, INCLUDING A COMMUNITY KRISTALLNACHT COMMEMORATION, AN ANNUAL YOM HASHOAH HOLOCAUST REMEMBRANCE DAY AND YOM HA'ATZMAUT PROGRAMS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

SICK), BEREAVEMENT SERVICES, COMMUNITY RELIGIOUS OUTREACH (TO SENIORS IN NURSING HOMES AND ASSISTED LIVING FACILITIES), PRISON MINISTRY AND DOULA (END-OF-LIFE) SERVICES. MORE THAN 4,990 CONTACTS WERE MADE WITH THE JEWISH COMMUNITY, HELPING THE MOST AT-RISK AND ISOLATED TO RECEIVE SPIRITUAL GUIDANCE AND MUCH-NEEDED HUMAN CONTACT.

\* DIRECT SUPPORT FOR 120+ HOLOCAUST SURVIVORS: THE FEDERATION UNDERWRITES THE COST OF 2 CASE MANAGERS AT JFCS WHO ARE RESPONSIBLE FOR PROVIDING A VARIETY OF SERVICES TO OUR AREA HOLOCAUST SURVIVORS.

\* RELIGIOUS OUTREACH: JEWISH HOLIDAYS: THE JEWISH FEDERATION FUNDED JEWISH HOLIDAY CELEBRATIONS THROUGHOUT THE YEAR WHICH WERE HELD AT 55

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

LOCATIONS WITH MORE THAN 485 PARTICIPANTS; THIS PROGRAM IS RUN BY JFCS VOLUNTEERS.

\* ALL FAITH'S FOOD BANK: THE FEDERATION IS ONE OF THE MAIN SPONSORS OF THE SUMMER HUNGER PROGRAM, WHICH PROVIDES FOOD TO MORE THAN 30,000 CHILDREN IN A TWO-COUNTY AREA.

\* COMMUNITY EMERGENCY ASSISTANCE FUND: THE FEDERATION PROVIDES EMERGENCY FUNDING FOR LOCAL JEWISH FAMILIES IN NEED FOR RENT, UTILITIES AND FOOD. THE PROGRAM IS ADMINISTERED THROUGH JFCS.

\* CARING FOR THE JEWISH ELDERLY: THE FEDERATION PROVIDES BASIC HUMAN NEEDS SUCH AS FOOD, MEDICINES AND HOME CARE FOR THOUSANDS OF ELDERLY JEWS IN THE FORMER SOVIET UNION THROUGH THE JEWISH JOINT DISTRIBUTION COMMITTEE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
COLLABORATIVE PARTNERSHIPS:

THE FEDERATION WORKS WITH A WIDE RANGE OF COMMUNITY PARTNERS TO SUPPORT JEWISH-THEMED PROGRAMMING FOR THE ENTIRE COMMUNITY.

EXAMPLES OF SPECIFIC PROGRAMS FUNDED INCLUDE:

\* EMBRACING OUR DIFFERENCES: THE FEDERATION PARTNERS WITH COEXISTENCE, INC. AND PAYS A PORTION OF AN EOD EDUCATION STAFF POSITION, EACH YEAR TO PRESENT THIS INTERNATIONAL OUTDOOR ART EXHIBIT. THE EXHIBIT PROMOTES THE VALUE OF DIVERSITY, THE BENEFIT OF INCLUSION

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

AND THE SIGNIFICANCE OF THE ACTIVE REJECTION OF HATRED AND PREJUDICE.

PUBLIC SCHOOL CHILDREN, GRADES K-12, ARE TRANSPORTED TO THE EXHIBIT FOR FREE EACH YEAR - SINCE 2004, MORE THAN 1,930,000 HAVE BENEFITTED FROM THIS FREE EDUCATIONAL PROGRAM.

\* FLORIDA STUDIO THEATRE: THE FEDERATION PARTNERED WITH FLORIDA STUDIO THEATRE TO PRESENT THE PLAY, "MY NAME IS ASHER LEV." THE PLAY TOLD THE POWERFUL STORY OF A BOY PRODIGY WHO MUST BE A PAINTER AT ALL COSTS EVEN THOUGH AGAINST THE WILL OF HIS FAMILY, COMMUNITY AND TRADITION. FEDERATION PARTICIPATED IN A POST-PLAY PANEL DISCUSSION ENTITLED "THE ROOTS OF HATRED" WHICH EXPLORED PARALLELS AND DIFFERENCES BETWEEN THE STATE SPONSORED ANTI-SEMITISM OF THE LATE 19TH AND EARLY 20TH CENTURIES AS OPPOSED TO THE NEW FORMS OF 21ST CENTURY ANTI-SEMITISM.

EXPENSES \$ 582,678. INCLUDING GRANTS OF \$ 369,994. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2:

DR. LEWIS HANAN (DIRECTOR) AND STACY HANAN (DIRECTOR) ARE FATHER IN LAW AND DAUGHTER IN LAW. DAVID CHAIFETZ (DIRECTOR) AND EDIE CHAIFETZ (DIRECTOR) ARE HUSBAND AND WIFE.

FORM 990, PART VI, SECTION A, LINE 6:

ACCORDING TO THE ORGANIZATION'S BY-LAWS, A DONOR WHO HAS MADE A CONTRIBUTION TO THE FEDERATION DURING THE CURRENT OR IMMEDIATE PRIOR FISCAL YEAR SHALL BE A MEMBER OF THE FEDERATION. AN INDIVIDUAL MUST BE A MEMBER OF THE FEDERATION IN ORDER TO VOTE AT MEETINGS, TO SERVE ON THE BOARD OF DIRECTORS, OR SERVE AS A CHAIR OF A FEDERATION COMMITTEE. ALL MATTERS PROPERLY PRESENTED AT A MEETING SHALL BE DECIDED BY A MAJORITY OF MEMBERS



Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

PRESENT AND VOTING UNLESS OTHERWISE DIRECTED BY THE LAWS OF THE STATE OF FLORIDA, THE ARTICLES OF INCORPORATION OR THE BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 7A:

ACCORDING TO THE ORGANIZATION'S BY-LAWS, A DONOR WHO HAS MADE A CONTRIBUTION TO THE FEDERATION DURING THE CURRENT OR IMMEDIATE PRIOR FISCAL YEAR SHALL BE A MEMBER OF THE FEDERATION. AN INDIVIDUAL MUST BE A MEMBER OF THE FEDERATION IN ORDER TO VOTE AT MEETINGS, TO SERVE ON THE BOARD OF DIRECTORS, OR SERVE AS A CHAIR OF A FEDERATION COMMITTEE. ALL MATTERS PROPERLY PRESENTED AT A MEETING SHALL BE DECIDED BY A MAJORITY OF MEMBERS PRESENT AND VOTING UNLESS OTHERWISE DIRECTED BY THE LAWS OF THE STATE OF FLORIDA, THE ARTICLES OF INCORPORATION OR THE BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11B:

SARASOTA-MANATEE JEWISH FEDERATION POSTS THE COMPLETED 990 DRAFT ON-LINE AND SENDS A NOTICE TO THE BOARD MEMBERS WHEN IT IS AVAILABLE FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL SARASOTA-MANATEE JEWISH FEDERATION, INC. (FEDERATION) BOARD MEMBERS AND STAFF SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. ALSO FEDERATION DISTRIBUTED ETHICAL GUIDELINES POLICY TO ITS BOARD.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR HAS A CONTRACT THAT WAS RE-NEGOTIATED IN 4/2016. THE PERSONNEL COMMITTEE REVIEWED SALARY STRUCTURES FOR SIMILAR POSITIONS WITH JEWISH FEDERATION OF NORTH AMERICA, AN UMBRELLA ORGANIZATION FOR NORTH AMERICA FEDERATIONS. THE FINAL CONTRACT FOR THIS POSITION IS APPROVED BY

Name of the organization

SARASOTA-MANATEE JEWISH FEDERATION, INC.

Employer identification number

59-1227747

THE BOARD. THIS CONTRACT IS MAINTAINED IN PERMANENT PERSONNEL FILE ON PREMISES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST; THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-28,958.
CHANGE IN VALUE OF PARTNERSHIP INTEREST IN JCEP	1,074,211.
CHANGE IN VALUE OF REINSURANCE RECEIVABLE	-3,370.
TOTAL TO FORM 990, PART XI, LINE 9	1,041,883.

FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS

THERE HAS BEEN NO CHANGE TO AUDIT OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.