	٠.	· '.	41	ı <b>-</b>	EXT	ENDED	TO NOV	ЕМВ	ER 16,	202 <u>0</u>	29393	21	902923
	Form	990-T	1,	<b> </b>	xempt Org	anızaı	IION BUS	sine ler se	SS INC	ome I	ax Return	າ ∤	OMB No 1545-0047
				For cal	endar year 2019 or other tax		-	IEI 56		ending	1918		2019
			`	1 01 04	•	-	orm990T for ir	nstructi			nation.	- [	<b>LO 10</b>
		tment of the Treas I Revenue Service		<b></b>	Do not enter SSN num							) [	Open to Public Inspection for 501(c)(3) Organizations Only
	A [	Check box if	f		Name of organization (	Chec	k box if name o	hanged	and see insti	ructions.)			oyer identification number loyees' trust, see
		address cha	inged		THE <u>JEWI</u> SH	FEDE	RATION	OF					uctions)
		empt under se	ction	Print	SARASOTA-M	ANATE	E, INC.					+	<u>9-1227747                                 </u>
	X	501(d)/3	,)	or Type	Number, street, and ro			x, see II	estructions.				ated business activity code nstructions)
6	i <u> </u>		?20(e)	1,700	580 S. MCI							4	
7	} <u> </u>	7	30(a)		City or town, state or p			or foreig	n postal code	<b>:</b>		- 4 4	000
<b>6</b>	o Boo	529(a) ok value of all asse		l	SARASOTA,		4232		<u>-</u>			541	800
0	ate	nd of year		Q 1	F Group exemption nu G Check organization t				50	O1(c) trust	401/2	) trust	Other trust
4	H Ent				tion's unrelated trades of			2	<u>'                                    </u>		the only (or first) ur		Other trust
S	trac	te or husiness !	here	⊳ SE	EE STATEMEN	ரு 1				-	complete Parts I-V.		than one
Ω					ce at the end of the prev		ce, complete Pa	arts I ar		•	•		<u>=</u> '
NNED		iness, then cor							,				
Z					oration a subsidiary in a	n affiliated (	roup or a pare	nt-subs	idiary control	ied group?	▶ {	Ye	es X No
<u>ک</u>	lf "	Yes," enter the r	name a	nd ident	ifying number of the pa	ent corpora	tion.						
Đ,					PATTY CHRIS						one number 🕨 🤉		371-4546
Į	Pai	rt I Unre	late	d Trac	de or Business I	ncome		1	(A) Inc	come	(B) Expense	<u>s</u>	(C) Net
		Gross receipts				┥		}					
		Less returns ar				c Balan	ce -	1c					
		Cost of goods			*			2					
		Gross profit. Si						3					
		Capital gain net		•	n Schedule D) art II, line 17) (attach Fo	rm 4707\		4a 4b				/_	
		Capital loss dec			• •	1111 4797)		40 4c					
		•			ship or an S corporation	/attach state	ement)	5					
		Rent income (S			imp of all o corporation	(attach stati	omem)	6	·-				
		•		•	ne (Schedule E)			7					
					and rents from a controll	ed organizat	ION (Schedule F)	8			<u>-</u>		
			-		on 501(c)(7), (9), or (17	-		9					
					me (Schedule I)	•	,	10					
	11 .	Advertising inc	ome (S	Schedule	: J)			11	<b>/</b> 294	, 335 <u>.</u>	129,2	230.	165,105.
	12	Other income (	See ins	struction	s; attach schedule)			12		_			<u></u>
r		Total. Combin						13		,335.	129,2	230.	165,105.
l	Pai	rt II Dedu	JCtio	ns No	ot Taken Elsewh be directly connected	ere (See	Instructions for	or limita	ations on de	ductions)			
	4.4				<del></del>					٦			<del></del>
	14			icers, air	rectors, and trustees (So	nedule K)	L LEC		VED_K	<b>1</b>		14	70 755
	15 16	Salaries and w Repairs and m	-	2000			1.	15		<u> </u>		16	70,755.
	17	Bad debts	iaiiiieii	ance			NON BOS	(17)	2020	<b>5</b>		17	2,002.
	18		h sche	dule) (se	ee instructions)		<b>1</b> 1			뜨		18	
	19	Taxes and lice		uu.u) (u	oo mon donono,		OG	DEN	LUT_	_		19	1,241.
	20	Depreciation (		Form 45	562)					20			
	21				Schedule A and elsewi	ere on retui	rn			21a		21b	
	22	Depletion		,								22	
:	23	Contributions	to defe	erredicor	mpensation plans							23	
:	24	Employee ben	efit pro	ograms								24	166.
:	25	Excess exemp	t expe	nses (Sc	chedule I)							25	
:	26	Excess reader		-	•							26	107,413.
	27	Other deduction							SEE	STAT	EMENT 2	27	18,405.
	28				14 through 27							28	200,812.
	29				ncome before net operat	-				3		29	-35,707.
;	30 /			erating l	oss arising in tax years	eginning o	n or after Janua	ıry 1, 20		amam	DATESTO O		•
	[	(see instruction		E1		C 1 : 00			SEE	STAT	EMENT 3	30	<u>0.</u> -35,707.
Å	<u> </u>				come. Subtract line 30						<del></del>	31	- 35 , 70 7 . Form <b>990-T</b> (2019)
9	23701	01-27-20 LH	<del>-</del> \ ⊦0	rapen	work Reduction Act Not	ice, see ins	LIUCTIONS				$\mathcal{A}$		FULIN <b>330-1</b> (2019)

	O-T (2) MI) THE JEWISH FEDERATION OF SARASOTA-MANATEE, INC.	5	<u>9-1227</u>	<u>747</u>	Page 2
$\overline{}$	Total Unrelated Business Taxable Income				
32 🗸	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	<del></del>		0.
33	Amounts paid for disallowed fringes  Observable and the second of the second se	38			
	Charitable contributions (see instructions for initiation rules)	34			0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 are				
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<del></del>			0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 س			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8 3	3	<u>1,0</u>	<u>00.</u>
39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	]			_
,	enter the smaller of zero or line 37		9		0.
Part	Tax Computation				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	► <u>40</u>	)		0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:				
	Tax rate schedule or Schedule D (Form 1041)	<b>▶</b> 41			
42	Proxy tax. See instructions	► <u>42</u>	_		
43	Alternative minimum tax (trusts only)	43			
44	Tax on Noncompliant Facility Income. See Instructions	44	4		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	5		0.
Part			<del></del>		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions)				
C	General business credit. Attach Form 3800		i		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 46a through 46d	46			
47	Subtract line 46e from line 45	47			0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch				
49	Total tax Add lines 47 and 48 (see instructions)	49	_		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	_5(	0		0.
51 a	Payments: A 2018 overpayment credited to 2019				
b	2019 estimated tax payments				
C	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions)  51d				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (attach Form 8941)  51f				
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶ 51g				
52	Total payments. Add lines 51a through 51g	52			
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	5;			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54		_	
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5!			
56	Enter the amount of line 55 you want; Credited to 2020 estimated tax	<u>► 56</u>	6		
Part					
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				3.7
	here				<u>X</u>
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				_ <u>X</u> _
	If "Yes," see instructions for other forms the organization may have to file.				
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			<b>.</b>	<u> </u>
Cian	Under panalies of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	my knowledt	ge and belief, it is	true,	
Sign			e IRS discuss this		with
Here			parer shown belo		¬ " .
	Signature of officer Date Title	_	tions)? X Ye	S	No
	Print/Type preparer name Preparer's signature Date Check L		PTIN		
Paid	d PERECCA II STIONER PLACE I A MIA CHA II LD/20 self-emi	loyed	500505	0 1 C	
Pre	parer REBECCA O. STONER MANUEL STONER		P00585		
-	Only Firm's name ► KERKERING, BARBERIO & CO. Firm's 1	:IN <b>&gt;</b>	59-175	<u> </u>	
	P.O. BOX 49348	041	265 4	C 1 11	
		10. <b>94</b> ]	<u>-365-4</u>		(0015)
923711	01-27-20		Form 99	<b>7U~ I</b>	(2019)

Schedule A - Cost of Good	ls Sold. Enter r	nethod of inve	ntory valuation N/A	<del></del>			<del></del>
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6	
2 Purchases	2		7 Cost of goods sold. St	ubtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,			
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (with resp	ect to	Yes	No
b Other costs (attach schedule)	4b		property produced or a	le) apply to			
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real F	Property an	d Personal Property	Leased Wit	th Real Propo	erty) 	
1 Description of property							
(1)							
(2)					· · ·		
(3)				<u> </u>			
(4)							
<del></del>	2. Rent received	d or accrued					
rent for personal property is more than of rent for p			and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	3ge   ``'		nnected with the incom 2(b) (attach schedule)	e in
(1)							
(2)			<del></del>				
(3)							
(4)	_		<u> </u>		<u> </u>		
Total	0.	Total		_0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>•</b>		Enter her	al deductions re and on page 1, e 6, column (B)	·	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)		<u> </u>		
			Gross income from or allocable to debt-		to debt-financed	property	
Description of debt-fi	nanced property		financed property		ne depreciation schedule)	(b) Other deductions (attach schedule)	
(1)					-		
(2)	<del></del>		<del> </del>				
(3)	<del></del>				<del></del> -		
(4)		·			·		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or allo	djusted basis ocable to ced property schedule)	6. Column 4 divided by column 5	reportab	s income le (column ilumn 6)	8 Allocable dedu (column 6 x total of 3(a) and 3(b)	columns
(1)			%				
(2)	<u> </u>		%				
(3)			%				
(4)			%			<del></del>	
	<u> </u>			Enter here a	nd on page 1,	Enter here and on pa	nge 1
					7, column (A)	Part I, line 7, colum	
Totals			<b>•</b>		0.		0.
Total dividends-received deductions in	ncluded in column 8	3			<b>&gt;</b>		0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)  1. Nature of granulated regions about in the state of th	Form 990-T (2019) SARASC	TA-MANATEE	, INC.					_	59-12			Page 4
1. Name of controlled organization  2. Exployer restriction (1) (2) (3) (4) (4) (5) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	Schedule F - Interest,	Annuities, Roya	lties, and	Rent	s From Co	ontroll	ed Organiz	zatio	<b>ns</b> (see ins	struction	ns)	
(1)   Comparison of Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) (see in			E	Exempt	Controlled O	rganızatı	ions				_	
(6) (7) (8) (8) (9) (9) (9) (9) (10) (10) (11) (12) (13) (14) (15) (15) (15) (15) (16) (17) (18) (18) (18) (18) (18) (18) (18) (18	Name of controlled organization	identii	fication				ayments made   incl		included in the controlling		connected with income	
Compared   Controlled Organizations   Travels recover   S well melaborate decree (bas)   9 Total of corporated payments   10 Pert of colors thick or produced   11. Designations describly decreased to the controlled organizations   11. Designations describly decreased to the controlled organizations   12. Designations described organizations   13. Designations   13	(4)				<del></del>			-				
(d)  None sempt Controlled Organizations  7 Table income  8 Neumental conne (sess)   Seminary Controlled Companizations   Seminary Controlled Controlled Seminary Controlled Controlled Seminary Controlled Con						<del>-</del>				_		
Monopampin Controlled Organizations  7 Taushis income  8 Nei unweeted recover loss) give manufactions  (1) Part or column 8 has a excised that is excised gives from the commonly organizations (2) (3) (4)  And columns 8 and 10 Earls hime and on page 1, Part I, line 8, column (A)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  2. Amount of income  (a)  4. Springering of income or column 10  (b)  (c) (d)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  (a)  Chief hime and on page 1, Part I, line 8, column (A)  (b)  Chief hime and on page 1, Part I, line 8, column (B)  (b)  Chief hime and on page 1, Part I, line 8, column (B)  (c) (d)  Chief hime and on page 1, Part I, line 8, column (B)  C								<del> </del>			<del>-</del>	
Nonexempt Controlled Organizations   8   Net streamed income (base)   9   Total of specified payments   10   Part of routine 9 that at inclused   11   Deductions directly connected in the controlling organizations   11   Organizations   12   Organizations   13   Organizations   14   Organizations   15   Organizations   15   Organizations   16   Organizations   16   Organizations   17   Organizations   17   Organizations   18   Organizations   18   Organizations   19   Organizations   1						_		<b> </b>		- +		
7 Tavalele vincimis 8 Net extremal control (case instructions) 9 Total of specified payments in 19 Per of column 8 that an excursed with encourage and in the control of payments of the period of the		·								_ •		
(1) (2) (3) (4)  Add columns 5 and 10 Enter have and on page 1, Part 1, line 8, column (8)  O . O . O .  Add columns 5 and 10 Enter have and on page 1, Part 1, line 8, column (9)  O . O . O .  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organizations  (see instructions)  1. Description of income	Nonexempt Controlled Organi	izations								<del></del>		
Add columns 5 and 10  Add columns 5 and 10  Enter here and on page 1, Part 1, Enter here and on page 1, Part	7 Taxable Income			9 Total		ments	in the controll	ing orgai	nization's			
Add columns 5 and 10  Add columns 5 and 10  Enter here and on page 1, Part 1, Enter here and on page 1, Part							-					
Add columns 5 and 10 Enter have and on page 1, Part 1, Inse 8, column (8)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of moone 2. Amount of moone 2. Amount of moone 3. Decluctions (60 3 plus on 4)  (2) (3) (4)  Enter have and on page 1, Part 1, Inse 8, column (8) (6) (6) (7) (8)  Enter have and on page 1, Part 1, Inse 8, column (8) (8) (9) (1) (1) (2) (3) (4)  Enter have and on page 1, Part 1, Inse 8, column (8) (8) (9) (1) (1) (2) (3) (4)  Enter have and on page 1, Part 1, Inse 8, column (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (6) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(1)	<u> </u>										
(4)  Add columns S and 10 Enter here and on page 1, Part 1, Inne 8, column (8)  O.  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1. Description of income — 2. Amount of income — 3. Deductions — organization — organizati	(2)											
Totals  Totals	(3)			• _			<u> </u>	•			· · · · · · · · · · · · · · · · · · ·	<u> </u>
Totals  Totals	(4)				•							
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of Income				•			Enter here and	on page	1, Part I,	l	here and on page	1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1. Description of Income	Totale	•	•	I	•				Λ.			0
(see instructions)  1. Description of income ————————————————————————————————————		nt Income of o	Caption	504/5\/	7) (0) 05	(17) 0						<u> </u>
2. Amount of income 2. Amount of income 3. Description of necessary commissions distant schedule) (1) (2) (3) (4)  Enter here and on page 1, Pert 1, line 9, column 5) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated trade or business income of exploited activity that it is not unrelated trade or business income of unrelated trade or business income of unrelated trade or business income of unrelated trade or business income or page 1, Pert 1, line 9, Oat (8) (4)  Enter here and on Description of exploited activity that it is not unrelated trade or business income of unrelated trade or business income or page 1, Pert 1, line 9, Oat (8) (4)  Enter here and on Description of exploited activity that it is not unrelated trade or business income or business income or business income or page 1, Pert 1, line 9, Oat (8) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (4) (4) (5) (6) (7) (7) (7) (8) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9			Section	אניטוו טכ	7, (9), 01	(17) 01	gariizatioi	•				
(1) (2) (3) (4)  Totals  Consequence of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1. Description of exploited activity Income of exploited activity		· · · · · · · · · · · · · · · · · · ·		_	-2. Amount of	ıncome	directly conne	cted			and set	-asides
(4)  Enter here and on page 1, Part I, line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  2 Gross unrelated business income from trade or business income from trade or business income from trade or business income from page 1, Part I, line 9, column (B)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 9, column (B)  3 Expenses derectly connected with production of unrelated trade or local manuscolumn 3) If a gain, compute cole 5 through 7  (4)  Enter here and on page 1, Part I, line 10, col 16)  (5)  (6)  (7) Excess exempt expenses (column 6) If a gain, compute cole 5 through 7  (7)  (8)  (9)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col 16)  Enter here and on page 1, Part I, line 10, col 16)  Enter here and on page 1, Part I, line 10, col 16)  Enter here and on page 1, Part I, line 10, col 16)  Enter here and on page 1, Part I, line 10, col 16)  (9)  Totals  2 Gross aventies of column 6  Enter here and on page 1, Part I, line 10, col 16)  Enter here and on page 1, Part I, line 10, col 16)  Enter here and on page 1, Part I, line 10, col 16)  Enter here and on page 1, Part I, line 10, col 16)  (1)  (2)  (3)  (4)  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidate	(1)	•					(dildel) selle		- <del></del> -		(607 5 pm	33 (01 4)
3  (4)   Enter here and on page 1, Part I, line 9, column (A)   Part I, line 9, column (B)			<del></del>		<del>-</del>	-	,				<del></del>	
Enter here and on page 1  Totals  Cross Urrelated business Income from vactor or business column 3) is gain; column 3) is gain; column 5  (3)  (4)  Enter here and on page 1, Part I, line 9, column (6)  1 Description of explored activity water or business income water or business column 3 is gain; column 3) is gain; column 4)  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (6)  Description of explored activity in the search or page 1, Part I, line 10, col (7)  Inter loc col (A)  Schedule J - Advertising Income (see instructions)  Part I, line 9, column (6)  0.  5. Gross income from sactivity that is not urrelated trade or business income or business income or business income  1 Description of explored activity and is gain; column 3) is gain; column 3 is not urrelated trade or business income  (4)  Cross income from page 1, Part I, line 10, col (6)  Description of explored activity in the search or page 1, Part I, line 10, col (6)  Description of explored activity in the search or page 1, Part I, line 10, col (6)  Description of explored activity in the search or page 1, Part I, line 10, col (6)  Description of explored activity in the search or page 1, Part I, line 10, col (6)  Description of explored activity in the search or page 1, Part I, line 10, col (6)  Description of explored activity in the search or page 1, Part I, line 10, col (6)  Description of explored activity in the search or page 1, Part I, line 2, column 4, and the search or page 1, Part I, line 2, column 4, and the search or page 1, Part I, line 2, column 4, and the search or page 1, Part I, line 2, column 4, and the search or page 1, Part I, line 2, column 5, and the search or page 1, Part I, line 2, column 5, and the search or page 1, Part I, line 2, column 5, and the search or page 1, Part I, line 2, column 5, and the search or page 1, Part I, line 2, column 5, and the search or page 1, Part I, line 2, column 5, and the search										· <del></del>		
Totals   Part   Imp 0, column (A)   Part   Imp 0, column (B)		<del></del>					<u>-</u>		•	_	<del></del>	
Totals    Part I, line 9, column (a)   Part I, line 9, column (b)	(4)	<del></del>			Fatar base and		DANKER PENDENCE OF THE OFFI	HIT-KRRIN IN	Marte Halve and S	C. Dru (a har 188)	385' 5-1	4 4
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  1 Description of exploited activity  2 Gross  3 Direct exploited activity  1 Description of exploited activity  2 Description of exploited activity  2 Description of exploited activity  3 Direct exploited activity  4 Name of periodical  2 Gross advertising pass or (loss) (sof 2 minus of (loss) for a direct exploited advertising costs advertising costs advertising costs (sol 5 through 7)  1 Name of periodical  2 Gross advertising costs advertising costs (sol 5 through 7)  1 Name of periodical  2 Gross advertising costs advertising costs (sol 5 through 7)  1 Name of periodical  2 Gross advertising costs (sol 5 through 7)  3 Direct advertising costs (sol 5 through 7)  4 Advertising gain or (loss) (sol 2 minus of (loss) for 2 minus of (loss) for 3 through 7 (los	•		•				THE STATE OF THE S	TYPERAMINATE OF THE PROPERTY O	PARTITUDE STATE			column (B)
(See instructions)  1 Description of exploid activity  2 Gross unrelated business income from unrelated drade or business (column 2 income from trade or business income from trade or business income  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (A)  Dage 1, Part I, line 10, col (B)  (A)  (A)  Enter here and on page 1, Part I, line 10, col (B)  (B)  (C)  (C)  (C)  (C)  (C)  (C)						0.	######################################	S. Larcinski				
1 Description of exploited activity    Commonwealth   Description of exploited activity   Description of exploited   Description	• •	-	y Income	, Othe	<del></del>		ing Income	• 			·	
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)  Part III Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income Incom		unrelated business income from	directly con with produ of unrela	nected action ated	from unrelated business (co minus columi gain, compute	trade or lumn 2 n 3) If a cols 5	from activity t is not unrelat	hat ed	attribut	able to	expenses 6 minus co 4 but not mo	(column olumn 5, ore than
(2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)  Part III Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income Incom	(1)											
(3) (4)  Enter here and on page 1, Part I, line 10, col (A)  O.  Schedule J - Advertising Income (see instructions)  Part II, line 25  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs of (oss) (col 2 minus col 3) If a gain, compute col 5 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, line (5))											T-	
(4)  Enter here and on page 1, Part I, line 10, col (A)  Schedule J - Advertising Income (see instructions)  Part II Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs advertising costs and survertising costs for survertice of s 5 through 7  (1) (2) (3) (4)  Totals (carry to Part II, line (5))  • O.			-									
Enter here and on page 1, Part 1, line 10, cot (A)  Totals  O  O  O  Schedule J - Advertising Income (see instructions)  Part III Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical  1 Name of periodical  1 Name of periodical  O  O  O  O  O  O  O  O  O  O  O  O  O										_	-	
Schedule J - Advertising Income (see instructions)    Part   I   Income From Periodicals Reported on a Consolidated Basis    1   Name of periodical   2   Gross advertising costs   3   Direct advertising costs   Costs (column 6 minus column 5, but not more than column 4)		page 1, Part I, line 10, col (A)	Enter here a	arti, ii (B)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					**************************************	on pag	je 1, ne 25
Part     Income From Periodicals Reported on a Consolidated Basis    1   Name of periodical   2   Gross advertising costs   3   Direct advertising costs   O   Costs   Column 6   Costs   Column 7   Costs   Column 6   Costs   Column 6   Costs   Column 7   Costs   Column 8   Costs   Column 9   Costs   Column 19   Costs   Column 19   Costs   Costs   Costs   Column 19   Costs   Costs   Costs   Column 19   Costs			inotriotics=\		[EX83-66624×-×6486_346538;	1217   BR49999"	PRAPRASSES SESTEMBELT CENTER	+82-2E235 <u>5</u>	*##\$£\$\$\****	.25H8F8+18#6##		
1 Name of periodical  2 Gross advertising income  3 Direct advertising costs  3 Direct advertising costs  3 Direct advertising costs  3 Direct advertising costs  4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Totals (carry to Part II, line (5))					1: -1 - 41	Dania					<u> </u>	
1 Name of periodical  2 derising advertising income  3 Direct advertising costs  1 Name of periodical  3 Direct advertising costs  1 Name of periodical  3 Direct advertising costs  1 Readership costs  2 Readership costs  3 Readership costs  2 Readership costs  2 Readership costs  3 Readership costs  2 Readership costs  3 Readership costs  4 Readership costs  5 Readership costs  6 Readership costs  8 Rea	<u>⊫Rant is</u> income From i	Periodicais Rep	ortea on	a Con	solidated	Basis						
Totals (carry to Part II, line (5)) ► 0. 0. 0.	1 Name of periodical	advertising			or (loss) (co col 3) if a ga cols 5 th	of 2 minus iin, comput rough 7	e income	ion		s	costs (column column 5, but than colum	6 minus not more nn 4)
Totals (carry to Part II, line (5)) ► 0. 0. 0.	(1)				AREXERSENSES SETTED	**************************************					NACTORNIC NACANTINAMA SHERRIC NACANTE SHIPS NAC SHERRIC NACANTE SHIPS NACANT SHERRIC NACANTE SHIPS NACANTE SHERRIC NACANTE SHIPS NACANTE SHIPS NACANTE SHIPS NACANTE SHIPS NA CANTON SHIPS NA	**************************************
Totals (carry to Part II, line (5)) ► 0. 0. 0.					ARKKEST - MXINE XXXX	RESTRICTED OF THE STREET					TO RESERVE THE TOTAL THE T	
Totals (carry to Part II, line (5)) ► 0. 0. 0.				**	1000 1000 1000 1000 1000 1000 1000 100	MAXXXXXX TRAFF	āc .			-	A MINERAL TARREST TO THE PROPERTY OF THE PROPE	A CANAGO DE COMPANS DE
Totals (carry to Part II, line (5)) ► 0. 0. 0.		<del> -</del>	-		THE RESERVE SERVERS OF	PROPERTY OF THE PROPERTY OF TH					7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	TX 1 = 12
	· · · · · · · · · · · · · · · · · · ·	<del> -</del>			TS TA HRANNER SNARN	- DOVERLAN ESSEL					··· Kezanen infernäsinära (gan	
	Totals (carry to Part II, line (5))	<b>•</b>	0.	0	•		,			_	En 000	

Form 990-T (2019) SARASOTA - MANATEE, INC.

Part III Income From Periodicals Reported on a Separate B

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

1 Name of periodical	2 Gross advertising income 3. Direct advertising co		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1) SARASOTA-MANATEE							
(2) JEWISH NEWS AND		-					
(3) SHALOM SRQ	294,335.	129,230.	165,105.	607.	108,020.	107,413	
(4)							
Totals from Part I	0.	0.	All reasons and bear the straight			0	
	Enter here and on page 1, Part I, fine 11, col (A)	Enter here and on page 1, Part I, (ine 11, col (B)	and the state of t			Enter here and on page 1, Part II, line 26	
Totals, Part II (lines 1-5)	294,335.	129,230.	OR P. L. C. L. C.	### ##################################		107,413	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>•</b>	0.

Form **990-T** (2019)

18,405.

TOTAL TO FORM 990-T, PAGE 1, LINE 27

THE JEWISH F	EDERATION OF	SARASOTA-MA	ANATE		59-1227	7 <b>4</b> 7
FORM 990-T	DESCRIPTION	OF ORGANIZA BUSINESS	ATION'S PRIMARY ACTIVITY	UNRELATED	STATEMENT	1
ADVERTISING - INVESTMENT IN TO FORM 990-T,	PARTNERSHIP					
FORM 990-T	PAGE 1	OTHER	DEDUCTIONS		STATEMENT	2
DESCRIPTION					AMOUNT	
MISCELLANEOUS TELEPHONE SUPPLIES UTILITIES PROFESSIONAL FINSURANCE PRINTING AND PORTON A	OSTAGE TRAINING				5' 8!	89. 96. 43. 37. 66.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
12/31/18	136,060.	0.	136,060.	136,060.		
NOL CARRYOV	ER AVAILABLE THIS	YEAR	136,060.	136,060.		

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/05	19,103.	18,178.	925.	925.
05/31/06	20,350.	0.	20,350.	20,350.
05/31/07	75,454.	0.	75,454.	75,454.
05/31/08	84,627.	0.	84,627.	84,627.
05/31/09	116,139.	0.	116,139.	116,139.
05/31/10	85,506.	0.	85,506.	85,506.
05/31/11	119,911.	0.	119,911.	119,911.
12/31/11	67,370.	0.	67,370.	67,370.
12/31/12	111,349.	0.	111,349.	111,349.
12/31/13	145,692.	0.	145,692.	145,692.
12/31/14	119,489.	0.	119,489.	119,489.
12/31/15	141,467.	0.	141,467.	141,467.
12/31/16	141,384.	0.	141,384.	141,384.
12/31/17	78,432.	0.	78,432.	78,432.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,308,095.	1,308,095.

## SCHEDULE M (Form 990-T)

#### Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning and ending

2019

ENTITY

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Rublic inspection for 501(c/3) Organizations Only

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

THE JEWISH FEDERATION OF SARASOTA-MANATEE, INC.

Employer identification number 59-1227747

Unrelated Business Activity Code (see instructions) 523000 INVESTMENT (JFMC POOLED ENDOWMENT ► PARTNERSHIP Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales b Less returns and allowances c Balance N XIX 10 THE PROPERTY OF STREET Cost of goods sold (Schedule A, line 7) 2 2 Gross profit Subtract line 2 from line 1c 3 2,018. 2,018. 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b TINE THE STATE OF THE PARTY OF c Capital loss deduction for trusts 4c THE STATE OF THE S Income (loss) from a partnership or an S corporation (attach -6,669 statement) STATEMENT 5 -6,669. 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

13

-4,651

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses	,	1	19_	33.
20	Depreciation (attach Form 4562)	20		HE TREETS	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	
22	Depletion			22	
23	Contributions to deferred compensation plans			23	
24	Employee benefit programs			24	
25	Excess exempt expenses (Schedule I)			25	
26	Excess readership costs (Schedule J)			26	
27	Other deductions (attach schedule)			27	
28	Total deductions. Add lines 14 through 27			28	33.
29	Unrelated business taxable income before net operating loss deduction. Subtract liii	rom line 13	29	-4,684.	
30	Deduction for net operating loss arising in tax years beginning on or after January 1	2018	(see	LX XENNAM LXXXXXLU EX LXY LT XITECTURE XIMECXXXLU XIMECXXXLU	
	instructions)			30	0.
<u>31</u> _	Unrelated business taxable income Subtract line 30 from line 29			31	-4,684.

LHA For Paperwork Reduction Act Notice, see instructions.

Total, Combine lines 3 through 12

13

Schedule M (Form 990-T) 2019

FORM 990-T (M)	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 5
DESCRIPTION			NET INCOME OR (LOSS)
JFMC POOLED ENDOWMENT INCOME (LOSS)	PORTFOLIO, LLC	- ORDINARY BUSINESS	-6,669.
TOTAL INCLUDED ON SCHE	DULE M, PART I,	LINE 5	-6,669.

### SCHEDULE D (Form 1120) Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www irs gov/Form1120 for instructions and the latest information

Schedule D (Form 1120) 2019

Name

Employer identification number

THE JEWISH FEDERATION OF SARASOTA-MANATEE, INC.

59-1227747

Did the corporation dispose of any investme	nt(c) in a qualified enpertur	aty fund during the tax	vear?	Yes X No
If "Yes," attach Form 8949 and see its instru				P Tes No
Part I: Short-Term Capital Ga			ur gain or ioss :	
See instructions for how to figure the amounts			T	
to enter on the lines below.	· (d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on		•		_
Form(s) 8949 with Box A checked				•
2 Totals for all transactions reported on	,			
Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on	•			
Form(s) 8949 with Box C checked		•		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7	4	
.5 Short-term capital_gain or (loss) from_like-kin		·		
6 Unused capital loss carryover (attach comput			6	( )
7 Net short-term capital gain or (loss). Combin		h	7	
Part II Long-Term Capital Gai				
See instructions for how to figure the amounts		•	(0)	(h) o
to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from Form(s) 8949,	(N) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				38 A
8b Totals for all transactions reported on				
Form(s) 8949 with Box D checked	- "		<u>.</u>	
9 Totals for all transactions reported on	, •			
Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on	•			
Form(s) 8949 with Box F checked				
11 Enter gain from Form 4797, line 7 or 9 °		* .	11	
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 37	7	12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824		- <u>13</u>	
14 Capital gain distributions	,		- 14	,
15 Net long-term capital gain or (loss). Combine	e lines 8a through 14 in columi	<u>n h</u>	15	
Rart III Summary of Parts I an	d II	<u>-</u>		
16 Enter excess of net short-term capital gain (lii	ne 7) over net long-term capita	l loss (line 15)	16_	
17 Net capital gain. Enter excess of net long-term			ne 7) <u>17</u>	*
18 Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pro	oper line on other returns	_18	0.
Note: If losses exceed gains, see Capital Los	sses in the instructions.			

921051 12-16-19

LHA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

### SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

2019

Name

THE JEWISH FEDERATION OF

Employer identification number

SARASOTA-MANATEE,	INC			59-	1227747	
Did the corporation dispose of any investme	nt(s) in a qualified opportu	nity fund during the tax y			Yes X No	
If "Yes," attach Form 8949 and see its instru	ctions for additional requir	ements for reporting you	r gain or loss			
Part I Short-Term Capital Ga	ins and Losses (See	instructions.)				
See instructions for how to figure the amounts to enter on the lines below  This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949,		(h) Gain or (loss) Subtract column (e) from column (d) and	
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (	combine the result with column (g)		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b Totals for all transactions reported on				ſ		
Form(s) 8949 with Box A checked						
2 Totals for all transactions reported on Form(s) 8949 with Box B checked						
3 Totals for all transactions reported on						
Form(s) 8949 with Box C checked					733.	
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37						
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824	-		5		
6 Unused capital loss carryover (attach comput				6	(	
7 Net short-term capital gain or (loss). Combin		ı h		7	733.	
Part II Long-Term Capital Gai						
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga	ın	(h) Gain or (loss) Subtract	
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	or loss from Form(s) 8949, Part II, line 2, column (g)		column (e) from column (d) and combine the result with column (g)	
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b Totals for all transactions reported on						
Form(s) 8949 with Box D checked		<u></u>	+			
9 Totals for all transactions reported on						
Form(s) 8949 with Box E checked	<del>-</del>	<u> </u>	<del>-</del> -		<del></del>	
10 Totals for all transactions reported on					1 005	
Form(s) 8949 with <b>Box F</b> checked			<u>.                                    </u>		1,285.	
11 Enter gain from Form 4797, line 7 or 9				11		
12 Long-term capital gain from installment sales	·	7		12 13		
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824						
14 Capital gain distributions				14	<del> </del>	
15 Net long-term capital gain or (loss). Combine		<u>n h</u>		15	1,285.	
Part III Summary of Parts I and	d II					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Note: If losses exceed gains, see Capital Losses in the instructions.

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns

Schedule D (Form 1120) 2019

16

17

18

733.

1,285.

2,018.

# Form **8949**

Department of the Treasury Internal Revenue Service

#### **Sales and Other Dispositions of Capital Assets**

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 **2019** 

> Attachment Sequence No 12A

Name(s) shown on return

THE JEWISH FEDERATION OF SARASOTA-MANATEE, INC.

Social security number or taxpayer identification no.

<u>59-12277</u>47

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

	oker and may even tell you which i							
F	Part I Short-Term. Transact	ions involving capit	tal assets you held	d 1 year or less are o	generally short-term (s	ee instructi	ons) For long-term	
	transactions, see page 2  Note: You may aggregate al	ll short-term transa	ctions reported or	n Form(s) 1099-B sh	owing basis was repo	rted to the	IRS and for which no	adjustments or
	codes are required. Enter the	e totals directly on	Schedule D, line 1	a, you aren't requir	ed to report these trar	nsactions o	n Form 8949 (see ins	structions)
f)	Ou must check Box A, B, or C below.	Ill fit on this page for o	DX. If more than one to one or more of the box	oox applies for your sho es, complete as many	ort-term transactions, com forms with the same box (	ipiete a separ checked as yo	ate Form 8949, page 1, ' ou need	for each applicable box
Ī	(A) Short-term transactions re	ported on Form(s	s) 1099-B showii	ng basis was repo	orted to the IRS (se	e <b>Note</b> ab	ove)	
Ē	(B) Short-term transactions re	ported on Form(s	s) 1099-B showii	ng basis <b>wasn't</b> r	eported to the IRS			
	(C) Short-term transactions no	ot reported to you	u on Form 1099-	В				
1	(a)	(b)	(c)	(d)	(e)	Adjustment, if any, to gain or loss If you enter an amount		1 ()
	Description of property	Date acquired	Date sold or	Proceeds	Cost or other	in column	(g), enter a code in	Gain or (loss).
	(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of	(sales price)	basis See the Note below and	column (f	). See instructions.	Subtract column (e) from column (d) &
			(Mo , day, yr )		see Column (e) in	(f)	(g) Amount of	combine the result
		]	j		the instructions	Code(s)	adjustment	with column (g)
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E	NDOWMENT							
P	ORTFOLIO, LLC-JFM							733.
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_	Totals. Add the amounts in colur	nns (d) (s) (s) s	nd (h) (subtract	<u> </u>	<del> </del>	-		<u> </u>
_	negative amounts) Enter each to							
	Schedule D, line 1b (if Box A abo		•					
	above is checked), or line 3 (if Bo							733.
	above is checked), or little 3 (ii Di	CA C above 13 GI	ooned)		l			/ J <u>•</u>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2019)

Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

THE JEWISH FEDERATION OF

SARASOTA-MANATEE, INC.

59-1227747

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

see page 1
Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F box Deck only one box. If more than one box applies for your must check Box D, E and the page for each applicable box. If more than one box applies for your must check Box D, E and the page for each applicable box.

If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

LA (F) Long-term transactions no	reported to you	OH FOIN 1099-	<del></del>	·			
1 (a) Description of property (Example, 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss If y in column column (f	nt, if any, to gain or ou enter an amount (g), enter a code in ). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
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ENDOWMENT		-					
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2 Totals. Add the amounts in colunegative amounts) Enter each to Schedule D, line 8b (if Box D ab above is checked), or line 10 (if I	otal here and incli ove is checked),	ude on your line 9 (If Box E					1,285.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)