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4	1	,	EXTENDED TO MAY 17, 2021	294930	0102100 2
l			Return of Organization Exempt Fron		OMB No 1545-0047
	Forr	m yt	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		ns) 2019
			Do not enter social security numbers on this form as it m		Open to Public
	Depa Intern	rtment of al Reveni	the Treasury le Service  Go to www.irs.gov/Form990 for instructions and the la	test information./ 004	Inspection
			2019 calendar year, or tax year beginning JUL 1, 2019 and ending		
	Вс	Check if	C Name of organization	D Employer identific	cation number
	а	pplicable	SARASOTA PERFORMING ARTS CENTER		
		Address change			
	$\Box$ X	Name change	Doing business as	59-28070	55
		Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
		Final return/	777 N. TAMIAMI TRAIL, 3RD FLOOR	941-366-	
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,018,833.
	Ĺ	Amende	SARASOTA, FL 34236	H(a) Is this a group re	
		Applica-	F Name and address of principal officer JIM TRAVERS	for subordinates	<sup>2</sup> Yes X No
		pending	1// N. TAMIAMI TRAIL, SARASOTA, FL 34236	H(b) Are all subordinates in	ncluded? Yes No
			mpt status X 501(c)(3)	527 If "No," attach a	list (see instructions)
2022			E ► WWW.VWFOUNDATION.ORG	H(c) Group exemptio	
				<u>/ear of formation: 1987 N</u>	1 State of legal domicile, FL
6	Pa		Summary		
0	ø		riefly describe the organization's mission or most significant activities. TO CREAT		
APR	auc	_	PERFORMING ARTS CENTER THAT ENRICHES THE COM		
	Governance		theck this box 🕨 📖 if the organization discontinued its operations or disposed of n	1 1	_
	્ટ્રે		lumber of voting members of the governing body (Part VI, line 1a)	3	16
SCANNED	•ర	1	lumber of independent voting members of the governing body (Part VI, line 1b)	4	16
=	ctivities		otal number of individuals employed in calendar year 2019 (Part V, line 2a)	5	120
₹	Ę	i -	otal number of volunteers (estimate if necessary)	6	130
ပ္က	Ac		otal unrelated business revenue from Part VIII, column (C), line 12	7a	0.
• • • •		b  \	let unrelated business taxable income from Form 990-T, line 39	7b Prior Year	Current Year
		0 6	Contributions and grants (Part VIII, line 1h)	1,448,241.	1,973,710.
	Revenue	1	rogram service revenue (Part VIII, line 2g)	0.	0.
2	Ķ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	504,830.	520,870.
<b>102</b>	æ	1	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	105,700.
,	٠	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,953,071.	2,600,280.
22	-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	360,300.	688,181.
-			enefits paid to or for members (Part IX, column (A), line 4)	0.	0.
30	v	ì	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	526,364.	911,321.
اب	penses	1	rofessional fundraising fees (Part IX, column (A), line 11e)	0.	0.
0		1	otal fundraising expenses (Part IX, column (D), line 25) \( \bigs \) 1,060,249.		
0	Щ	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	600,202.	901,114.
16		18 T	otal expenses Add lines 13-17 (must equal Part IX, coluREQEPVED	1,486,866.	2,500,616.
2		19 F	levenue less expenses. Subtract line 18 from line 2	466,205.	99,664.
3	Assets or   d Balances		otal assets (Part X, line 16)  Otal liabilities (Part X, line 26)	Beginning of Current Year	End of Year
3	sets	20 T	otal assets (Part X, line 16)	16,378,010.	16,336,238.
-3	E A	21 T		99,591.	207,253.
0	캳	22 N	let assets or fund balances Subtract line 21 from Line 2000EN, UT	16,278,419.	16,128,985.
			Signature Block		
_			ies of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and delief, it is
5)	true,	, correct,	and complete Declaration of preparer (other than officer) is based on all information of which prep		-2021
tine	C	_	Signature of officer	Date	-194
۾.	Sign	i	CHERYL MENDELSON, CEO		
4	Her	e	Type or print name and title		
1			Print/Type preparer's name Preparer's signature	Date Check	PTIN
1	Paid		CHOMAS R. CRAMER Homes (Const	4-9-2021 If self-employed	P00456445
<i>'</i> 1			Firm's name SUPLEE SHEA CRAMER & ROCKLEIN, P.A.		59-2213319
Ň			Firm's address 800 SOUTH OSPREY AVENUE		
4		.	SARASOTA, FL 34236-7834	Phone no. 9 4	1-366-3600
w,	Мау	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
7		01 01-20	LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2019)
0		SF	EE SCHEDULE O FOR ORGANIZATION MISSION STATE	MENT CONTINUA	TION A

С	(Code	) (Expenses \$	including grants of \$	_ ) (Revenue \$)

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

(Expenses \$ Including grants of

) (Revenue \$

4e Total program service expenses

BVBINO U

Form 990 (2019)

677.

# SARASOTA PERFORMING ARTS CENTER FOUNDATION, INC

ABDGIJMO 59-2807055 Page 3

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	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		7.7
	public office? If "Yes," complete Schedule C, Part I	_3_	<del> </del>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		ļ	v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		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	5	i	X
_	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Α_
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
٠	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		ļ	
•	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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	
þ	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	11b	ļ	X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		ŀ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		Λ
'	the organization's separate of consolidated final idla statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			_ <del></del> _
124	Schedule D, Parts XI and XII	12a	х	ļ
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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	_15_		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	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b>.</b>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	~2	
.9	complete Schedule G, Part III	19		Х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	_21	X	

Form 990'(2019) FOUNDATION, INC
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			-
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u> </u>
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	<u> </u>	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter 0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter · 0 · if not applicable  1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		. l	
	(gambling) winnings to prize winners?	1c	990 (	2010

	SAVADOIA LEVIOUMING AVID CENIEV		
orm 990'(2019)	FOUNDATION, INC	59-2807055	Pag
Part V Statemen	ats Regarding Other IRS Filings and Tax Compliance (continued)		

			•		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			-	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a	l		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?	4a		_X_
b	If "Yes," enter the name of the foreign country		<del></del>			,
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).		<b>-</b> .	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			_5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	_5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	janization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			.7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as red	quired			
	to file Form 8282?		,	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file February			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			<u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	ı	1			,
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			
11	Section 501(c)(12) organizations. Enter.	1	I			
а	Gross income from members or shareholders	11a	<u> </u>	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	۱,,,				'
	amounts due or received from them)	11b		40-	-	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041		12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120	<u> </u>	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O			l		
b	Enter the amount of reserves the organization is required to maintain by the states in which the	124	1			
_	organization is licensed to issue qualified health plans	13b 13c	<del>                                     </del>	1		,
C	Enter the amount of reserves on hand	_130	<u> </u>	14a		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	ر مار		14a		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		n or	1-10		
15		. aliUi	101	15		х
	excess parachute payment(s) during the year?			"		
16	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	nme?	16	•	х
16	•			10		
	If "Yes," complete Form 4720, Schedule O			Form	990	(2019)

Form 990'(2019)

FOUNDATION, INC

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

	, , , , , , , , , , , , , , , , , , , ,			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			<del></del>
		F	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	·		
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	X_	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		·	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	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			
	CHERYL MENDELSON - 941-366-5045			
	777 N. TAMIAMI TRAIL, 3RD FLOOR, SARASOTA, FL 34236			

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W 2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

  See instructions for the order in which to list the persons above

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

(A)	(B)	l		((	C)		1041	(D)	(E)	(F)
Name and title	Average hours per	(do	not c	Pos heck ss pe	more	than is bot	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for	offic			irecto	r/trus	tee)	from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below	Individual trustee or director	Insblubonal trustee		Key employee	Highest compensated employee	_	(W-2/1099-MISC)	(** 2.7 1033 (VIIICO)	organization and related organizations
	line)	Individ	anster	Officer	Кеу еп	Higher emplo	Former			
(1) MICHAEL MARTELLA	3.00									•
VICE CHAIRMAN	2 00	X	_	X				0.	0.	0.
(2) ELAINE MCCLURE	3.00	,,		,,				0.	•	^
INTERIM TREASURER	2.00	X	-	X	$\vdash$	-		0.	0.	0.
(3) KARL NEWKIRK	2.00	X						0.	0.	0.
DIRECTOR VIOLENT TO MILITARY	2.00	$\frac{\Lambda}{\Lambda}$	┢				_	· · · · · · · · · · · · · · · · · · ·	<u></u>	
(4) MICHAEL J. WILSON DIRECTOR	2.00	x	ļ					0.	0.	0.
(5) SHARYN WEINER	2.00									<u>.</u>
DIRECTOR	2.00	х	ŀ					0.	0.	0.
(6) MARK FAMIGLIO	2.00									
DIRECTOR		X						0.	0.	0.
(7) MARY BENSEL	2.00									
DIRECTOR, EX-OFFICIO		Х	L					0.	0.	0.
(8) GERALD BILLER	3.00									
INTERIM SECRETARY		X		Х		L		0.	0.	0.
(9) BRIAN ELLERSON	2.00								_	
DIRECTOR		X			<u> </u>			0.	0.	0.
(10) JIM TRAVERS	3.00								•	•
CHAIRMAN	0.00	X		X	ļ			0.	0.	0.
(11) DAVID KOFFMAN	2.00								•	0
DIRECTOR		X	-					0.	0.	0.
(12) ALI BAHAJ	2.00	x						0.	0.	0.
DIRECTOR	2.00	Δ						<u> </u>		<u></u>
(13) JENNE BRITELL	2.00	X						0.	0.	0.
DIRECTOR (14) CHAD CAMPBELL	2.00	Λ			$\vdash$	-				
DIRECTOR	2.00	x						0.	0.	0.
(15) VERN CHALFANT	2.00									
DIRECTOR		x						0.	0.	0.
(16) JULIE HARRIS	2.00									
DIRECTOR		x						0.	0.	0.
(17) NANCI WEAVER	2.00									
DIRECTOR		X	L	L	<u> </u>			0.	0.	0.
932007 01-20-20										Form <b>990</b> (2019)

932007 01-20-20

orm **990** (2019)

	ction A. Officers, Directors, Tru (A)	(B)	<u>ری.</u>			<u>и пі</u> С)	HILE	311	(D)			/E\	
	Name and title	Average			Pos		า		(D) Reportable	( <b>E)</b> Reportable		(F) Estima	tad
	Name and title	hours per					than		· ·	compensation	.	amoun	
		week					or/trus			from related	ļ	othe	
		(list any	cfe						the	organizations		compens	
		hours for	ır dıre				E E		organization	(W-2/1099-MIS	C	from t	he
		related	stee o	ruste		l	Suga		(W·2/1099·MISC)			organiza	ation
		organizations	al tru	nal tr		loyee	E 9					and rela	
		below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	tions
(18) CHERYL	MENDEL CON	40.00	=	=	٦	🗏	<del>-</del> = =	1.5	· · · · · · · · · · · · · · · · · · ·		$\dashv$		
CEO	MENDELSON	40.00	1		x				214,256.		0.	6.5	290
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		1		<u> </u>					214 256		<del>.  </del>		200
1b Subtota		(II. C A: A							214,256.		0.	0,4	<u>290</u>
	om continuation sheets to Part V	II, Section A							214,256.		<del>0.</del>	6 '	290
	dd lines 1b and 1c) mber of individuals (including but i	not limited to th	nose	liste	ad a	hov	e) wi	10 r					000
	sation from the organization		.000		, u		o,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
												Yes	No
3 Did the c	organization list any former officer	, director, trust	ee, k	көу е	emp	loye	e, o	r hiç	ghest compensated emp	loyee on			
line 1a?	lf "Yes," complete Schedule J for	such individual									L	3	X
4 For any i	ndividual listed on line 1a, is the s	um of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from	the organization			
and relat	ed organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J	for such individual		L	4 X	
	person listed on line 1a receive or							ela	ted organization or indivi	dual for services			
	to the organization? If "Yes," con	nplete Schedul	e J f	or s	uch	pers	son					5	X
	dependent Contractors									A400 000 f		<del></del>	
	e this table for your five highest co nization_Report compensation for										ensa	tion from	
trie organ	(A)	trie caleridai y	ear e	enui	ng v	VILII	OI W	W H	(B)	/eai		(C)	
	Name and business	s address							Description of s	ervices	Cc	ompensati	on
SASAKI A	ASSOCIATES INC					-							
64 PLEA	SANT ST, WATERTOW	N, MA 02	24	72					CONSULTING			157,7	719.
AMS PLA	NNING & RESEARCH	CORP											
107 JOH	N ST, SOUTHPORT,	CT 06890	)						CONSULTING			157,1	، 105
						_					-		
										[			
		<del></del>											
2 Total nur	mber of independent contractors	including but n	at lu	mite	d to	the	se lie	ster	d above) who received m	ore than			-
	O of compensation from the organ		J. 111		٠.٠		2		2 25010, Hilo 1000Hod II				
Ψ, 50,00	2. Compondation from the organ								·		F	orm <b>990</b>	(2019

SARASOTA PERFORMING ARTS CENTER Form 990'(2019) FOUNDATION, INC 59-2807055 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Unrelated Revenuè excluded Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a b Membership dues 1b 551,660 c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1,422,050 similar amounts not included above 1f 94,580 g Noncash contributions included in lines 1a-1f 973,710 h Total. Add lines 1a-1f **Business Code** Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 309,723. 309,723 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (ii) Personal 6 a Gross rents 6a b Less rental expenses 6b Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 7a 213,033. assets other than inventory b Less cost or other basis 1,886 Other Revenue and sales expenses -1.8867c 213,033. c Gain or (loss) 211,147. 211.147 d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 551,660. of contributions reported on line 1c) See 8a 416,667 Part IV, line 18 вь 416,667 b Less direct expenses 0 . c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances 10b b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 105,700. 105,700 11 a PPP LOAN FORGIVENESS R 900099

12 932009 01-20-20

105,700.

600,280.

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions

626,570

Form 990'(2019) FOUNDATION, INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX	<u> </u>	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	688,181.	688,181.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
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,	272,690.	84,534.	46,358.	141,798
	trustees, and key employees  Compensation not included above to disqualified	212,090.	04,334.	40,330.	141,790
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	521,266.	161,592.	88,615.	271,059
8	Pension plan accruals and contributions (include	321,200.	101,372.	00,013.	211,000
0	section 401(k) and 403(b) employer contributions)	11,588.	3,592.	1,970.	6,026
9	Other employee benefits	56,458.	17,502.	9,598.	29,358
10	Payroll taxes	49,319.	15,289.	8,384.	25,646
11	Fees for services (nonemployees)	25,025			
· · а	Management				
b	Legal				
c	, · .				
d	, <sup>-</sup>				
e	0 - (   (				
f	Investment management fees	48,560.	48,560.		
g			1		
Ū	column (A) amount, list line 11g expenses on Sch O.)	557,890.		69,293.	488,597
12	Advertising and promotion	105,468.	88,783.		16,685
13	Office expenses				·
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	8,163.		8,163.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<u> </u>	<del></del>
20	Interest				
21	Payments to affiliates			1 005	0 550
22	Depreciation, depletion, and amortization	7,215.	2,237.	1,226.	3,752
23	Insurance	2,570.		2,570.	<del></del>
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)	,	,	•	-
а	GENERAL FUNDRAISING	68,743.	1,710.	938.	66,095
b	GENERAL ADMINISTRATIVE	44,386.		44,386.	
c	COMPUTER MAINTENANCE	30,874.		30,874.	
ď	POSTAGE AND PRINTING	15,751.	806.	3,712.	11,233
	All other expenses	11,494.	8,891.	2,603.	
25	Total functional expenses Add lines 1 through 24e	2,500,616.	1,121,677.	318,690.	1,060,249
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)				

Form 990'(2019)
Part X Balance Sheet FOUNDATION, INC

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
	1	Cash · non-interest-bearing		1_	
	2	Savings and temporary cash investments	1,537,590.	2	2,100,323
	3	Pledges and grants receivable, net	45,213.	3	61,917
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			Jan 11 11 11 11 11 11 11 11 11 11 11 11 11
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		-	-
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
) <u>ş</u>	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	· · · · · · · · · · · · · · · · · · ·	8	1
٩	9	Prepaid expenses and deferred charges		9	16,669
1	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 174,697.			
	þ	Less accumulated depreciation 10b 156,601.	11,290.		18,096
1	11	Investments - publicly traded securities	14,783,917.	11	14,139,233
	12	Investments - other securities See Part IV, line 11		12	
1	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	16 270 010	15	16 226 220
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16,378,010.	16	16,336,238
	17	Accounts payable and accrued expenses	19,844.	17	168,253
	18	Grants payable	9,000.	18	39,000
- 1	19	Deferred revenue	3,000.	19	33,000
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%	**	00	
ᆵ		controlled entity or family member of any of these persons	<del></del>	22	
	23	Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		24	
	24 25	Other liabilities (including federal income tax, payables to related third		24	
1	23	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	70,747.	25	0
١,	26	Total liabilities. Add lines 17 through 25	99,591.	26	207,253
		Organizations that follow FASB ASC 958, check here			
ès		and complete lines 27, 28, 32, and 33.	•		•
م عاد	27	Net assets without donor restrictions	14,420,656.	27	14,220,512
Bal 2	28	Net assets with donor restrictions	1,857,763.		1,908,473
ב   ב		Organizations that do not follow FASB ASC 958, check here			
로		and complete lines 29 through 33.			!
ğ   2	29	Capital stock or trust principal, or current funds		29	-
Sett	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ø I	31	Retained earnings, endowment, accumulated income, or other funds		31	
ء ا <del>ق</del>	32	Total net assets or fund balances	16,278,419.	32	16,128,985
	33	Total liabilities and net assets/fund balances	16,378,010.		16,336,238
					Form <b>990</b> (2019

Pa	rt XI Reconciliation of Net Assets				-	
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,60	0,2	80.
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,50	0,6	16.
3	Revenue less expenses Subtract line 2 from line 1	3				64.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	5,27	8,4	19.
5	Net unrealized gains (losses) on investments	5		-29	1,0	28.
6	Donated services and use of facilities	6		4	1,9	30.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	16	5,12	8,9	85.
Pa	rt 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 Cash X Accrual Other					İ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	<b>;</b> ,			
	consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	0			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dıt			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2019)

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

Department of the Treasury

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization **Employer identification number** SARASOTA PERFORMING ARTS CENTER FOUNDATION, INC 59-2807055 Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 1 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). 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 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 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. 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. J 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule'A (Form 990 or 990 EZ) 2019 FOUNDATION, INC

59-2807055 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked fails to qualify under the tests			-	on failed to qualify	under Part III If th	e organization
Section A. Public Support	, p			·		
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and	· · · · · · · · · · · · · · · · · · ·		, , ,			
membership fees received (Do not						/
include any "unusual grants ")				}		
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf				1		
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a			•	/		
governmental unit or publicly						
supported organization) included		,		. /		
on line 1 that exceeds 2% of the	•	,				
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4		,				
Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a) 2015	<b>(b)</b> 2016	(c) 2ð17	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on		,	1			
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
10 Other income Do not include gain	1					
or loss from the sale of capital						
assets (Explain in Part VI )						
11 Total support. Add lines 7 through 10					ļ <u> </u>	<u> </u>
12 Gross receipts from related activities,	etc (see instructi	ons)			12	
13 First five years. If the Form 990 is for	thể organization's	s first, second, thi	rd, fourth, or fifth to	ax year as a section	on 501(c)(3)	
organization, check this box and stoo Section C. Computation of Publi		rcentage			·	
14 Public support percentage for 2019 (li			actions (6)		144	0/
.,		•	column (i))		15	%
15 Public support percentage from 2018 16a 33 1/3% support test - 2019. If the o			on line 12, and line	14 in 22 1/20/ or i	· · · · · · · · · · · · · · · · · · ·	
stop here. The organization qualifies				14 15 33 17370 07 1	more, check this bt	N allu ► □
b 33 1/3% support test - 2018. If the o		_		Ulina 15 is 33 1/30	6 or more check th	nie hov
and stop here, The organization quali				7 III 10 13 13 33 1737	o of filore, check to	IIS 00X ►
17a 10% -facts-and-circumstances test				 a 13 16a or 16b	and line 14 is 10%	or more
and if the organization meets the "fac						
meets the "facts-and-circumstances"			•		at viriow tile orgal	Inzation
b 10% -facts-and-circumstances test	_				17a and line 15 is	10% or
more, and if the organization meets th						
organization meets the "facts-and circ						<b>_</b> □
18 Private foundation. If the organization						s 🔚
. Treate realisation is the organization					edule A (Form 990	

Schedule 'A (Form 990 or 990-EZ) 2019 FOUNDATION, INC

Pa	irt III Support Schedule for C	<b>Organizations</b>	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 P	art II If the organi	zation fails to
	qualify under the tests listed b	elow, please comp	olete Part II )				
Se	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	1646016.	2032603.	2540912.	1488958.	1973710.	9682199.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
_	or expended on its behalf					<del></del>	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1646016.	2032603.	2540912.	1488958.	1973710.	9682199.
	Amounts included on lines 1, 2, and						700000
	3 received from disqualified persons						0.
t	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						0.
c	: Add lines 7a and 7b						0.
_8_	Public support. (Subtract line 7c from line 6)						9682199.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	1646016.	2032603.	2540912.	1488958.	1973710.	9682199.
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	83,196.	105,531.	164,677.	213,348.	309,723.	876,475.
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b	83,196.	105,531.	164,677.	213,348.	309,723.	876,475.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI)  Total support (Add lines 9, 10c, 11, and 12)	1729212.	2138134.	2705589.	1702306.	2283433.	10558674.
14	First five years. If the Form 990 is for		first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
	check this box and stop here	_					
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2019 (I			column (f))		15	91.70 %
	Public support percentage from 2018					16	93.43 %
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	8.30 %
18	Investment income percentage from 2			, (,,		18	6.57 %
	33 1/3% support tests - 2019. If the			on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a						▶X
b	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

### 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)	<del></del>		
ec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	· -		
	class or purpose, describe the designation If historic and continuing relationship, explain	1		<u></u>
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			-
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
-	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a	i	
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
_	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b	T	•
_	Did the organization support any foreign supported organization that does not have an IRS determination	10		
·	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	-		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		-
5-	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
Ja	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,			
		ľ		
	(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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		-	
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	-		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		-	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	_9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		. <b>.</b>	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	-		
	supporting organizations)? If "Yes." answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

Par	TIV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		L
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting Organizations	2	l	
Sec	tion C. Type II Supporting Organizations		Yes	Na
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		res	No
1	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)	1		
Sec	tion D. All Type III Supporting Organizations	- · · · ··!··-		L
000	tion B. Air Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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?	1		
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)	2		
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.	3		
Sec	tion 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 yea(see instruction	ns).	-	
а	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instructions	<u>)                                    </u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		i	
	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	2a		
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.	_2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	<u>3a</u>		
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	3b	L	

Sche	dule'A (Form 990 or 990-EZ) 2019 FOUNDATION, INC			59-2807055 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non functionally integrated supporting organizations must co	omplete Se	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or		•	
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		,	
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b	,	
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			,
	factors (explain in detail in Part VI)		•	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		•	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	•	
5	Income tax imposed in prior year	5	,	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	ed Type III supporting org	ganization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions)

	dule A (Form 990 or 990-EZ) 2019 FOUNDATION, I			9-2807055 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe		<u> </u>	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity		· , , , , , , , , , , , , , , , , , , ,	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)	<del> </del>		
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	è	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2019 from Section C, line 6	<del></del>		
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(ı) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-	:		
	able cause required- explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
1	Carryover from 2014 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2019

d Excess from 2018 e Excess from 2019

Schedule A	(Form 990 or 990-EZ) 2019	9 FOUNDATION,	INC		59-2807055 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1, Part IV, Section D, Section D, lines 5, 6, and	rmation. Provide the e I, 2, 3b, 3c, 4b, 4c, 5a, 6 Iines 2 and 3, Part IV, S	explanations required , 9a, 9b, 9c, 11a, 11b ection E, lines 1c, 2a,	by Part II, line 10; Part II, line , and 11c; Part IV, Section B, 2b, 3a, and 3b; Part V, line 1, so complete this part for any a	17a or 17b, Part III, line 12, lines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	(See instructions )				
			· · · · · · · · · · · · · · · · · · ·		
			<u> </u>		
		·· <del>·</del> ······			
					•
		<u>.</u> .			

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

SARASOTA PERFORMING ARTS CENTER FOUNDATION, INC

Employer identification number 59-2807055

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	unds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose conf	erring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, Part	V, line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (for example, recreat		storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserva	ition easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation	easements during the year
_	<b>&gt;</b> \$		(D)(A
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(n)(4)	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	n assembnts in its revenue and expense stat	
9	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.	ote to the organization a manicial statements	that describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other	r Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958		alance sheet works
	of art, historical treasures, or other similar assets held for public		
	service, provide in Part XIII the text of the footnote to its finance		
h	If the organization elected, as permitted under FASB ASC 958		nce sheet works of
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		• •
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		<b>\$</b>
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial gair	
-	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	-	<b>S</b>
	Assets included in Form 990, Part X		<b>&gt;</b> \$
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

	rt III   Organizations Maintaining C		A 11:-4:			0:	59-28			age 2
<u></u>									าued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	it make	significant	use of its			
	collection items (check all that apply)									
а	Public exhibition	d	Loan or ex	change progra	am					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further	the organizati	on's exe	mpt purp	ose in Par	t XIII		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or oth	er sımıla	ır assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's o	ollection?	_			Yes		] No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the organizati	on answered	"Yes" or	n Form 99	), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	ns or other as	sets no	t included				
	on Form 990, Part X?							Yes		] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table <sup>.</sup>							
	· · · · · ·		-					Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	21 for escrow or o	rustodial acco	unt liah			Yes		No
	If "Yes," explain the arrangement in Part XIII	•	•			•		1 163		j ' <b>\</b>
Par								······································		
		(a) Current year	(b) Prior year	(c) Two year		(d) Three	oare hack	(e) Four	r voare	hack
4.	Regioning of year balance									
1a	Beginning of year balance	15,384,272.	15,132,777		9,389,		53,055,	3	_200	<u>.324.</u>
b	Contributions	100,303.	356 405	10,15			00,000.			
С	Net investment earnings, gains, and losses	191,699.	356,495		3,388,		26,334.		264	<u>.731.</u>
d	Grants or scholarships		105,000	•						
е	Other expenditures for facilities				l					
	and programs					•				
f	Administrative expenses									
g	End of year balance	15,676,274.	15,384,272	15,13	2,777.	4,6	79,389.	3	<u>553</u>	055,
2	Provide the estimated percentage of the curr		e (line 1g, column i	(a)) held as						
а	Board designated or quasi-endowment	88.22	_%							
b	Permanent endowment ► 8.03	%								
C	Term endowment ▶ 3.75 s	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	and administe	red for t	the organiz	zation			<del></del>
	by								Yes	No
	(i) Unrelated organizations							3a(ı)	X	<u> </u>
	(ii) Related organizations							3a(II)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R'	?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds					•		
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a	See Form 990	), Part X	, line 10				
	Description of property	(a) Cost or ot basis (investm	her (b) Cos	t or other (other)	(c) A	ccumulate	ed	(d) Bool	k valu	е
	Lond	54515 (111405111	, Dasie	(5)		F. 00.011	_	<del></del>		
	Land		<u> </u>							
	Buildings						<del>-  -</del>			
C	Leasehold improvements									
d	Equipment	ļ		74 607		156 6	01	4		0.0
	Other			74,697.		<u>156,6</u>	0 T •			96.
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), line	10c)				1	<u>5,U</u>	<u>96.</u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			<del></del>
(C)			
(D)			
(E)			
(F) (G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	<u> </u>		
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	d-of-year market value
(1)			
(2)			-
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			···
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13 )			•
Part IX Other Assets.		44.0.5.000.0.44	
Complete if the organization answered "Yes"		11d See Form 990, Part X, line 15	(h) Book value
	Description		(b) Book value
(1)	<del>-</del> .		
(2)		·····	
(3)			<u>.</u>
(4) (5)			
(6)	<del></del>		
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 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	<del> </del>		··-
(2)			· · · · · · · · · · · · · · · · · · ·
(3)	<del></del>		
(4)			
(5)			
(6)			
(8)	<del></del>		
(9)	- 05 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line		the organization's financial statements	hat reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

### . SCHEDULE G

(Form 990 or 990-EZ)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

► Attach to Form 990 or Form 990-EZ. Open to Public

Department of the Treasury

Internal Revenue Service	<b>▶</b> Go	to www.irs.gov/Form990 for instr	uction	s and	I the latest informat			Inspection
Name of the organization		A PERFORMING ARTS	CEN	TER	L			entification number
Dad D. Francisco		ION, INC					<u>59-2807</u>	
	ng Activities. omplete this part	Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV,	line 17	Form 990-EZ	I filers are not
		ed funds through any of the followi	na acti	vitios	Chack all that apply			
a Mail solicitatio	=		-		overnment grants			
	mail solicitations			_	nment grants			
c Phone solicita		g Special		-	-			
d In-person solic		g opecial	idildie	using	0.01113			
·		r oral agreement with any individua	Lúnclu	dina o	fficers directors true	stoos i	or	
~		art VII) or entity in connection with p		-			Yes	No
. , .		iduals or entities (fundraisers) pursi			-			
compensated at least	-			-g				,,,
· · · · · · · · · · · · · · · · · · ·	<u> </u>		Т		T			<del></del>
(ı) Name and address	of individual		(iii) fundr	Did	(iv) Gross receipts	(v) A	mount paid retained by)	(vi) Amount paid
or entity (fundra		(ii) Activity	or con	ustody itrol of	from activity	fu	ındraiser	to (or retained by) organization
			contrib	utions?		liste	ed in col (i)	organization.
			Yes	No				
			<u> </u>					
			-			-		
			<del> </del>					
			<del> </del>					
··············		·	1					
			<u> </u>					
			<u> </u>					
<b>.</b>				_				
Total	- 11							
or licensing	n the organization	n is registered or licensed to solicit	contrib	utions	s or has been notined	ıııse	xempt from re	gistration
- Or incertaining					······································			
<del> </del>								
LHA For Paperwork Red	luction Act Notic	ce, see the Instructions for Form	990 or	990-E	EZ. S	Schedu	ıle G (Form 9	90 or 990-EZ) 2019

59-2807055 Page
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<u> </u>	iπ	of fundraising events. Complete if the of fundraising event contributions and gr	-		-	
			(a) Event #1 GALA	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
•			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	960,977.			960,977.
	2	Less Contributions	586,312.			586,312.
	3_	Gross income (line 1 minus line 2)	374,665.			374,665.
	4	Cash prizes				
S	5	Noncash prizes				
esued:	6	Rent/facility costs	22,487.			22,487.
Direct Expenses	7	Food and beverages	68,524.			68,524.
٥	8	Entertainment Other direct expenses	283,654.			283,654.
	10	<b>,</b>			<b>•</b>	374,665.
	11					0.
Pa	art I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a	т			т
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes			<del></del>	
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes % No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				Yes No
		the organization licensed to conduct gaming a No," explain.				Yes No
4-			avaled avanadad a 4	reminated disease Alex A	vent?	Yes No
		ere any of the organization's gaming licenses re Yes," explain				Yes No
 9320	82 09	9-11-19			Schedule G (Fo	rm 990 or 990-E <b>Z</b> ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 FOUNDATION, INC	59-2807055 Page	э <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in.		
	a The organization's facility	13a	%
	b An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor		
	Name		
	Address >		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	punt	
	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 > \$		<b></b>
	Description of services provided		—
		<del></del>	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes I	٧o
ı	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 ▶ \$	<u></u>	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v),	, and Part III, lines 9, 9b, 10	b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	······································	
_			
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	

# SARASOTA PERFORMING ARTS CENTER Schedule G (Form 990 or 990 EZ) FOUNDATION Part IV Supplemental Information (continued) 59-2807055 Page 4 FOUNDATION, INC

Schedule G (Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ► Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE 1 (Form 990)

Open to Public

Inspection

Employer identification number 59-2807055 SARASOTA PERFORMING ARTS CENTER General Information on Grants and Assistance FOUNDATION, INC. Name of the organization Part

ĭ	Does the organization maintain records to substantiate the amount of the grantee, the grantees engining for the grants of assistance, and the selection		
ວັ	criteria used to award the grants or assistance?	Yes	° ⊠
Ğ	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		
art II	art 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	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 noncash assistance	(h) Purpose of grant or assistance
VAN WEZEL PERFORMING ARTS HALL, CITY OF SARASOTA - 777 N. TAMIAMI TRAIL, - SARASOTA FT. 34236			τα α α	C			SUPPORT VAN WEZEL PERFORMING ARTS HALL, INCLUDING COMMUNITY
2 Enter total number of section 501(c)(3) and government organizations in 3. Enter total number of other organizations listed in the line 1 table.	nd government org	li suoii	sted in the line 1 table				

SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

FOUNDATION, INC

Schedule I (Form 990) (2019)

Page 2

59-2807055

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 Part III

(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
Part IV Supplemental Information. Provide the information required in	uired in Part I, lin	ne 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	dditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT:					
VAN WEZEL PERFORMING ARTS HALL, CI	CITY OF SARASOTA	RASOTA			
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT VAN WEZEL PERFORMING ARTS	: SUPPOR	T VAN WEZE	IL PERFORMI	NG ARTS	
HALL, INCLUDING COMMUNITY EDUCATION-OUTREACH, SPECIAL PROGRAMS,	N-OUTREA	CH, SPECIA	AL PROGRAMS		
BEAUTIFICATION AND UNIQUE EQUIPMENT NEEDS.	T NEEDS.				

932102 10-26-19

### SCHEDULE J (Form 990)

Part I

### **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.

ZU 13

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990) 2019

Department of the Treasury
Internal Revenue Service
Name of the organization

**Questions Regarding Compensation** 

► Go to www.irs.gov/Form990 for instructions and the latest information. SARASOTA PERFORMING ARTS CENTER

FOUNDATION, INC

TS CENTER Employer identification number 59-2807055

Yes No 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. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account 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 1b 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? 2 Indicate which, if any, of the following the 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. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Form 990 of other organizations X Approval by the board or compensation committee 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? 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. 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 X a The organization? 5a Х b Any related organization? 5h If "Yes" on line 5a or 5b, describe in Part III 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? 6a b Any related organization? 6b 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 X not described on lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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59-2807055

Page 2

FOUNDATION, INC.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2019

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation			in column (b) reported as deferred on prior Form 990
(1) CHERYL MENDELSON	(3)	201,756.	12,500.	0.	5,192.	1,098.	220,546.	0
	(ii)	0	0	0		0	0	0
	Ξ							
	(ii)							
	(i)							
	(ii)							
	(i)							*
,	(ii)							
	Θ							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							•
	(ii)							
	Ξ							
7.78	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(II)							:
	Ξ							
	(ii)							
	Ξ							
	(ii)							

Schedule J (Form 990) 2019

FOUNDATION, INC Schedule J (Form 990) 2019

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

THE CEO'S COMPENSATION IS DETERMINED BY A COMMITTEE WHICH WORKS TOGETHER TO THE PRESIDENT/CEO RECEIVES A YEAR-END INCENTIVE BONUS, AS DEFINED IN HER COMPENSATION STUDIES AND OTHER NON-PROFITS' 990S WERE REVIEWED AS A BASIS FOR SALARY. THE CEO IS GIVEN A WRITTEN EMPLOYMENT EMPLOYEMENT CONTRACT. AGREE ON SALARY. ж :: PART I, LINE 5: LINE CONTRACT PART I

Schedule J (Form 990) 2019

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

SARASOTA PERFORMING ARTS CENTER

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2019

	FOUNDATION,	INC					59-2807	7055	<b>j</b>
Pai	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ed on		(d) od of determi contribution a		ts
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	6	94	,580.	MARKET	VALUE		
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		<u></u>					<u></u>	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other								
27	Other ()								
28	Other (			L					
29	Number of Forms 8283 received by the organ			I					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement [	29				
								Yes	No
30a	During the year, did the organization receive to	y contribution	on any property rep	oorted in Part I, line	s 1 throug	jh 28, that it			
	must hold for at least three years from the da	te of the initia	al contribution, and	I which isn't require	d to be u	sed for		,	
	exempt purposes for the entire holding period	13					30a	ļ	X
b	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandar	d contribu	tions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell	noncash				.
	contributions?						<u>32a</u>	-	X
b	If "Yes," describe in Part II								
33	If the organization didn't report an amount in	column (c) fo	or a type of propert	y for which column	(a) is che	cked,			
	describe in Part II						1	1	1

LHA

932141 09-27-19

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

Schedule M	(Form 990) 2019	FOUNDATION,	INC	59-2807055	Page 2
Part II	Supplemental is reporting in Part	Information. Provide	e the information required by Part I, lines 30b, 32b, and 33, or of contributions, the number of items received, or a comb	and whether the organiza	ition
		<del> </del>			
	<del></del>				
		<del></del>			<del></del>
					<u> </u>
		· · · · · · · · · · · · · · · · · · ·			
					•
-					
932142 09-27-	19			Schedule M (Form	990) 2019

### SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 930-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

SARASOTA PERFORMING ARTS CENTER

Employer identification number 59-2807055

FOUNDATION, INC	33-200/033
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
EDUCATION, AND INSPIRES YOUNG MINDS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
BOARD MEMBERS ARE PROVIDED A COPY OF FORM 990 FOR REVIEW	BEFORE IT IS FILED
WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL MEMBERS RECEIVE A COPY AND SIGN AN AGREEMENT STATING	THAT THEY HAVE
READ AND RECEIVED A COPY OF THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE CEO'S COMPENSATION IS DETERMINED BY A COMMITTEE WHIC	H WORKS TOGETHER TO
AGREE ON SALARY. COMPENSATION STUDIES AND OTHER NON-PRO	FITS' 990S WERE
REVIEWED AS A BASIS FOR SALARY. THE CEO IS GIVEN A WRITT	EN EMPLOYMENT
CONTRACT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON RE	QUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
RECRUITMENT - SEARCH FIRM FOR CEO:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	51,017.
FUNDRAISING EXPENSES  I HA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	0.
I HO FOR PARAMERY PARILLETIAN ACTIVATION CONTINUE TO ENGINEE THE FORM 990 OF 990-F7	iecone Cricorol 990 or 990-671(20)19).

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)  Name of the organization SARASOTA PERFORMING ARTS CENTER  FOUNDATION, INC	Page Employer identification numbe 59-2807055
TOTAL EXPENSES	F1 017
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	18,276
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	18,276
CAPITAL CAMPAIGN CONSULTING EXPENSES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	488,597
TOTAL EXPENSES	488,597
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
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Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on February 11, 2020, to Articles of Incorporation for SARASOTA PERFORMING ARTS CENTER, INC. which changed its name to SARASOTA PERFORMING ARTS CENTER FOUNDATION, INC., a Florida corporation, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H20000047697. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this corporation is N20618.

Authentication Code: 520A00003193-021220-N20618 -1/1



Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twelfth day of February, 2020



February 12, 2020

# FLORIDA DEPARTMENT OF STATE Division of Corporations

SARASOTA PERFORMING ARTS CENTER FOUNDATION, INC. 777 N. TAMIAMI TRAIL SARASOTA, FL 34236US

Re: Document Number N20618

The Articles of Amendment to the Articles of Incorporation for SARASOTA PERFORMING ARTS CENTER, INC. which changed its name to SARASOTA PERFORMING ARTS CENTER FOUNDATION, INC., a Florida corporation, were filed on February 11, 2020.

The certification requested is enclosed. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H20000047697.

Should you have any question regarding this matter, please telephone (850) 245-6050, the Amendment Filing Section.

Darlene Connell
Regulatory Specialist II Supervisor
Division of Corporations Letter Number: 520A00003193

### H20000047697 3

# ARTICLES OF AMENDMENT OF SARASOTA PERFORMING ARTS CENTER, INC.

Pursuant to the provisions of Section 617.1006, Florida Statutes, Sarasota Performing Arts Center, Inc., a Florida not-for-profit corporation (the "Corporation"), assigned document number N20618, hereby amends its Amended and Restated Articles of Incorporation, by striking Article I in its entirety and replacing in its stead the following:

# I. NAME OF CORPORATION

The name of this Corporation is:

Sarasota Performing Arts Center Foundation, Inc.

The principal address and the mailing address of the Corporation are:

777 N. Tamiami Trail Sarasota, Florida 34236

There are no members or members entitled to vote on the amendment. The amendment was approved by the Board of Directors of the Corporation. The amendment was adopted on April 23, 2019.

IN WITNESS WHEREOF, the undersigned Chair of the Board of Directors of the Corporation has executed these Articles of Amendment this \_\_\_\_\_\_ day of February 2020.

James Travers

As its Chair of the Board of Directors

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# THE PROPERTY OF STREET

# AMENDED AND RESTATED ARTICLES OF INCORPORATION OF VAN WEZEL FOUNDATION, INC.

(A Florida Not-for-Profit Corporation)

Pursuant to Chapter 617, Florida Statutes, Van Wezel Foundation, Inc., a Florida not-forprofit corporation (the "Corporation"), has adopted the following Amended and Restated Articles of Incorporation:

# I. NAME OF CORPORATION

The name of this Corporation is:

₹•

Sarasota Performing Arts Center, Inc.

The principal address and the mailing address of the Corporation are:

777 N. Tamiami Trail Sarasota, Florida 34236

### II. PURPOSES

The purposes for which the Corporation is organized are exclusively for charitable, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code of 1986, or the corresponding provision of any future United States Internal Revenue Law.

The general nature, objects, and purposes of the Corporation shall be to operate without profit and to accept and receive property of whatever kind, and wherever situate, received by it by gift, grant, purchase, devise, bequest, or in any lawful manner and to administer and distribute such property exclusively for health, welfare, scientific, educational, environmental, cultural, or other charitable purposes, including:

(a) To distribute property in accordance with the terms of gifts, bequests, or devises made to the Corporation which are consistent with its purposes; or

(b) To modify any restriction or condition on the administration and distribution of funds for any specified purpose consistent herewith if in the sole judgment of the Board of Directors of the Corporation ("Board of Directors"), such restriction or condition becomes, in effect, unnecessary, incapable of fulfillment, or inconsistent with the designated purposes of the Corporation.

No part of the net earnings of the Corporation shall inure to the benefit of or be distributable to its members, officers, directors, or other private persons, except that the Corporation shall be authorized and empowered to make reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in this Article. No substantial part of the activities of the Corporation shall be the carrying on or propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of these Articles, the Corporation shall not carry on any activities not permitted to be carried on by a corporation exempt from Federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provisions of any future United States Internal Revenue Law).

The specific nature, objects, and purposes of the Corporation are to support: (a) presentation, productions, and education programs featured at the Van Wezel Performing Arts Hall or any successor performing arts facility, (b) the planning and development, design, construction, financing, and support of any new or successor performing arts center to the Van Wezel Performing Arts Hall, including, but not limited to, entering into a partnership or other relationship with the City of Sarasota, Florida, or other government or public entities or agencies in relation to such new or successor performing arts center, and the operation of such performing arts center once built, and (c) the Van Wezel Performing Arts Hall through contributions for necessary improvements to the performing arts facility which will thereby enhance the ability of the Van Wezel Performing Arts Hall to fulfill its purposes within the local community until such time as a new performing arts center operated by the Corporation opens or the Corporation has ceased to exist.

The activities of the Corporation shall include the generation of financial support for the Corporation and its purposes by solicitation of gifts, grants, and donations, as well as engaging in various and sundry fundraising activities, presenting and producing performing arts activities and related programs, operating a performance arts center, conducting other independent activities supportive of the Corporation and its purposes, investing funds derived from its activities, and distributing funds to qualified persons and organizations in such amounts as may be deemed proper for the uses and purposes of the Corporation, and to do and perform generally all acts reasonably incident to the aforesaid purposes and objectives.

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### III. MEMBERS

The Corporation will not have members as that term is used in the Florida Not For Profit Corporation Act, Chapter 617, Florida Statutes.

## IV. BOARD OF DIRECTORS

The affairs of the Corporation shall be managed by a Board of Directors consisting of not less than seven (7) persons, as determined pursuant to provisions of the Bylaws. The method of election of directors shall be as stated in the Bylaws.

### V. OFFICERS

All officers of the Corporation, as may be deemed necessary, shall be chosen in such manner, hold their offices for such terms, and have such powers and duties as may be prescribed by the Bylaws of the Corporation or determined by the Board of Directors.

### VI. CORPORATE EXISTENCE

The existence of this corporation shall be perpetual, until dissolved in accordance with the Bylaws.

### VII. BYLAWS

The Board of Directors of the Corporation shall provide such Bylaws for the Corporation as they deem necessary, and may from time to time amend, alter, or rescind such Bylaws in the manner provided in the Bylaws.

# VIII. AMENDMENT TO ARTICLES

These Articles of Incorporation may be amended by the act of a majority of the entire Board of Directors of the Corporation.

# IX. RECISTERED OFFICE

The street address of the registered office of the Corporation is 777 N. Tamiami Trail, Sarasota, Florida 34236, and the name of the registered agent of this Corporation at that address is Michael Martella.

# X. DISTRIBUTION UPON DISSOLUTION

The Corporation may be dissolved as provided in the Bylaws, at a meeting duly called for that purpose. Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Circuit Court of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

There are no members or members entitled to vote on the amendment. The amendment was approved by the Board of Directors of the Corporation. The amendment was adopted on 123, 2019.

IN WITNESS WHEREOF, the undersigned Chair of the Board of Directors of the Corporation has executed these Amended and Restated Articles of Incorporation this <u>23</u> day of <u>April</u> 2019.

ichael Martella

As its Chair of the Board of Director:

### **ACCEPTANCE OF REGISTERED AGENT**

The undersigned, hereby consents to the appointment as Registered Agent of the Corporation, to accept service of process upon said Corporation in this state. The undersigned is familiar with, and accepts, the obligations of this position.

Uselice Clartello
Michael Martella

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