			EXŤE	NDED TO MAY 15,	2023					
Fo		990	Return of Orga	nization Exempt	From	Income Tax	OMB No. 1545-0047			
10			Under section 501(c), 527, or 49 Do not enter social	security numbers on this forn	le Code (e) n as it mav	cept private foundati				
Dep	nnal Re	t of the Treasury venue Service	Go to www.irs.go	v/Form990 for instructions an	nd the lates	t information.	Open to Public Inspection			
Α	For t	he 2021 calend	ar year, or tax year beginning		l ending					
В	Check applica		organization			D Employer identif	fication number			
Г	Add	SARA	SOTA PERFORMING AN							
	chai Narr chai	18	DATION INC. DBA VA	AN WEZEL FOUNDAT	ION					
	Initia		isiness as and street (or P.O. box if mail is not d	elivered to street address)	Room/suite	59-2807055 E Telephone number				
	Fina	201	COCOANUT AVE	civered to substraduress)	nuoin/suite	941-366-				
_	term ated	City or to	own, state or province, country, and	d ZIP or foreign postal code		G Gross receipts \$	11,190,455.			
Ļ	retu	llas	SOTA, FL 34236			H(a) Is this a group r				
L	App tion pend		nd address of principal officer:JAN	IES TRAVERS		for subordinate	s? Yes 🔀 No			
-	Taxo	xempt status: C	AS C ABOVE X 501(c)(3) 501(c) (H(b) Are all subordinates				
			SOTAPERFORMINGARTS)	or 527		a list. See instructions			
		of organization;		ssociation Other	I Vear	H(c) Group exemption	M State of legal domicile: FL			
	art i	Summary			LIGA		Al State of legal domicile, F 11			
ő	1	Briefly describe	e the organization's mission or mos	t significant activities: THE	VAN WE	ZEL FOUNDAT	'ION'S			
and		MISSION	IS TO CREATE AND	SUSTAIN A VIBRA	NT PEF	FORMING ART	'S CENTER,			
Verr	2	Check this box	if the organization disco							
ĝ	3	Number of voti	ng members of the governing body	/ (Part VI, line 1a)		<u>3</u>	20			
త	5	Total number of inde	pendent voting members of the go	verning body (Part VI, line 1b)			20			
Briefly describe the organization's mission or most significant activities: THE VAN WEZEL FOUNDATION MISSION IS TO CREATE AND SUSTAIN A VIBRANT PERFORMING ARTS (2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12										
Acti	7 a	7a	30							
_	L P	Net unrelated t	ousiness taxable income from Form	990-T, Part I, line 11	<u>.</u>		0.			
						Prior Year	Current Year			
IUe	8	Contributions a	nd grants (Part VIII, line 1h)			2,410,209.	4,417,174.			
Revenue	9 10		e revenue (Part VIII, line 2g)			820,200.	0.			
ď	11	Other revenue	ome (Part VIII, column (A), lines 3, 4 (Part VIII, column (A), lines 5, 6d, 8d		1,086.	390,484.				
	12	Total revenue -	add lines 8 through 11 (must equa	Part VIII. column (A). line 12)	······	3,231,495.	4,442,648.			
	13	Grants and sim	ilar amounts paid (Part IX, column (558,707.	718,054.				
	14	Benefits paid to	o or for members (Part IX, column (/	A), line 4)		0.	0.			
8 0 8	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		917,456.	1,508,889.			
Expen	102	Professional ful	ndraising fees (Part IX, column (A),	line 11e)		0.	0.			
Ä			g expenses (Part IX, column (D), lin s (Part IX, column (A), lines 11a-11d			1,127,250.	1,578,441.			
	18	Total expenses	Add lines 13-17 (must equal Part I	X. column (A). line 25)		2,603,413.	3,805,384.			
	19	Revenue less e	xpenses. Subtract line 18 from line	12		628,082.	637,264.			
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year			
Bala	20	Total assets (Pa				17,775,293.	17,058,536.			
Vet A	21	Total liabilities (I				359,211.	421,571.			
	22 Irt II	Signature	nd balances. Subtract line 21 from	line 20		17,416,082.	16,636,965.			
			leclare that I have examined this return,	including accompanying schedules	and stateme		Knowledge and belief. It is			
true,	correc	t, and complete.	eclaration of preparer (other than office	r) is based on all information of whi	ich preparer	has anv knowledge.	Knowieuge and belief, it is			
_		N A	my prome							
Sigr		Signature of				Date 5/n	123			
Here	9		TRAVERS, CHAIR/I	NTERIM CEO						
		Print/Type prepa		Preparer's signature		ate Check				
Paid			U. STONER	riepaiei s signature		if				
Prep		Firm's name	KERKERING, BARBE			59-1753337				
Use	Only	Firm's address	P.O. BOX 49348		_					
			SARASOTA, FL 342			Phone no.941	L-365-4617			
			eturn with the preparer shown abo				X Yes No			
13200	11 12-0 S	9-21 LHA FO	Paperwork Reduction Act Notic	e, see the separate instruction	119. 13 mm 100		Form 990 (2021)			
	2			ALLON MIDDION 21		MI COMTINUA	TON			

	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
Part 1 1 1 1 2 1 3 1 4 <t< td=""><td></td></t<>		
	OF THE ARTS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	
1 Brefy decodes the organization's mission: TO CREATE AND SUSTAIN A VIERANT PERFORMING ARTS CENTER, ADVANCE 2 Did the organization subject and program services during the year which were not listed on the prior Forms 900 or 906-127 1* 'Vis, 'describe these new services on Schedule 0.		
	4	
4a		
Part Part 1 1 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
Part 1 1 1 1 2 1 3 1 4 <t< td=""><td></td></t<>		
	INTEGRATIVE LEARNING TECHNIQUES; FUNDING FOR MASTER CLASSES FOR	
	TEACHERS; AND FUNDING FOR YOUTH, FAMILIES, SENIORS, MILITARY FAMILIES	
Part		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	Other program services (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,745,058.	
4d 4e	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,745,058.	

FOUNDATION INC. DBA VAN WEZEL FOUNDATION

Pa	t 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	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	- /		
0	-	8		x
•	Schedule D, Part III	•		- 23
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV	3		<u> </u>
.0	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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	
132003	3 12-09-21	Form	990	(2021)

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Form 990 (2021)

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Form 990 (2021)

FOUNDATION INC. DBA VAN WEZEL FOUNDATION Part IV Checklist of Required Schedules (continued)

			Yes	N
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K. If</i> "No," <i>go to line 25a</i>	24a		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
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		
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? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		
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		
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		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			L
			Yes	1
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a14Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Form	990 (2021) FOUNDATION INC. DBA VAN WEZEL FOUNDATION 59-2807	055	Р	age 5
Par	t V Statements 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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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 organization solicit			v
_	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 contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u>л</u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	70		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year?	0		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	55		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
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.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
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SARASOTA PERFORMING ARTS CENTER FOUNDATION INC. DBA VAN WEZEL FOUNDATION 59-2807055 Page 6

Form	990 (2021) FOUNDATION INC. DBA VAN WEZEL FOUNDAT				P	age 6
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th			"No"	respoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C). See	instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20			
	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 0.					
h	Enter the number of voting members included on line 1a, above, who are independent	1b	20			
-	•					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		-	•		x
-	officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the					v
	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 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			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 ap	point	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, s					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?	-	-	8a	Х	
	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			0.0		
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			•		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			100		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y Dele		TTa		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a	х	
					X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y				v	
	on 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	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	Idependent			
	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	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	/ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
	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 $igstar{FL}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 00(T	e only) avail	ahla
10	for public inspection. Indicate how you made these available. Check all that apply.	10 990		S Offiy) availe	able
			hadula ()			
40	Own website Another's website I Upon request Other (explain		,	al 41:	a a la l	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	DITIICT	or interest policy, an	u tinar	icial	
	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 bo	oks ar	nd records 🕨			
	JAMES TRAVERS - 941-366-5578					
	201 COCOANUT AVE, SARASOTA, FL 34236				000	(000
132006	12-09-21			Form	990	(2021)
	/					

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Form 990 (FOUNDATION	59-2807055	Page 7			
Part VII	Compensation	of Officers, Dire	ctors, Truste	es, Ke	y Employ	ees, Highest Com	pensated				
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Comple	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 a	• 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 the instructions for definition of "key employee."

SARASOTA PERFORMING ARTS CENTER

• 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pei id a di	rson i	is bot	h an	compensation	compensation	amount of
	week		er an	aau	recio	n/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related
	below	id ual 1	In stitutional trustee	r.	Key employee	est co o yee	er	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			-
(1) CHERYL MENDELSON	40.00									
CEO		1		Х				282,827.	0.	10,697.
(2) SASHA HAUSMAN	40.00									
DIR. OF ADVANCEMENT		1				Х		110,600.	0.	8,655.
(3) GERALD BILLER	2.00									
DIRECTOR		x						0.	0.	0.
(4) CHAD CAMPBELL	2.00									
DIRECTOR		x						0.	0.	0.
(5) MARK FAMIGLIO	2.00									
DIRECTOR		x						0.	0.	0.
(6) SHARON HILLSTROM	2.00									
DIRECTOR		x						0.	0.	0.
(7) MICHELE HOOPER	2.00									
DIRECTOR		X						0.	0.	0.
(8) DR. JAIH JACKSON	2.00									
DIRECTOR		X						0.	0.	0.
(9) DAVID KOFFMAN	2.00									
DIRECTOR		X						0.	0.	0.
(10) MICHAEL MARTELLA	2.00									
DIRECTOR		X						0.	0.	0.
(11) DR. JOHN MAUPIN	2.00									
DIRECTOR		X						0.	0.	0.
(12) KARL NEWKIRK	2.00									
DIRECTOR		X						0.	0.	0.
(13) ROCHELLE NIGRI	2.00									
DIRECTOR		X						0.	0.	0.
(14) WALT PEARSON	2.00									
DIRECTOR		X						0.	0.	0.
(15) DRAYTON SAUNDERS	2.00									
DIRECTOR		X						0.	0.	0.
(16) NANCI ROSS-WEAVER	2.00									
DIRECTOR		x						0.	0.	Ο.
(17) CHARLES WILSON	2.00									
DIRECTOR		x						0.	0.	Ο.
132007 12-09-21	-									Form 990 (2021)

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Form 990 (2021)

	FOUNDATION	INC.	DBA	VAN	WEZEL	FOUNDATION	59-2807055	Page 8		
Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										

Par	t VII Section A. Officers, Directors, Tru		ploy	/ees			ighe	st (
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	HOS heck	itior more	1 e than	one	Reportable	Reportable		Estimated		ed
		hours per	box	, unle	ss pe	erson	is bot or/trus	h an		compensatio		ar	nount	
		week	<u> </u>						from	from related			other	
		(list any hours for	irecto						the	organization			ipensa	
		related	e or d	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			rom th	
		organizations	ustee	trust		ee	npen		1099-NEC)	1099-NEC)			janiza d rela	
		below	dual tr	tional		yolqr	st cor	-	1033-1120)				anizat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				0.9		
(18)	MICHAEL WILSON	2.00	-	-	-	-								
DIRE	CTOR		x						0.		0.			0.
(19)	JAMES TRAVERS	3.00												
CHAI	R		X		X				0.		0.			0.
(20)	DR. JENNE BRITELL	3.00												
VICE	CHAIR CHAIR		X		X				0.		0.			0.
(21)	VERN CHALFANT	3.00												
TREA	SURER		X		Х				0.		0.			0.
(22)	JULIE HARRIS	3.00												
SECR	ETARY		X		Х				0.		0.			0.
(23)	LAURA HENNESSEY	40.00									_			_
C00					х				0.		0.			0.
	MARK COLE	40.00												
CHIE	F ADVANCEMENT OFFICER				X				0.		0.			0.
			1											
			4											
									202 427			1	<u> </u>	E 2
	Subtotal								393,427.		0.	1	9,3	52.
	Total from continuation sheets to Part								0.		0.	1	0 2	0.
	Total (add lines 1b and 1c)								393,427.		•••		9,3	54.
2	Total number of individuals (including but	not limited to tr	lose	e liste	ed a	bov	e) wi	no r	eceived more than \$100	,000 of reportab	le			2
	compensation from the organization												Yes	No
3	Did the organization list any former office	r director truct		kova	- mn	love	~ ~	r hia	sheet componented omn		Г		103	
3	line 1a? If "Yes," complete Schedule J for											3		x
4	For any individual listed on line 1a, is the											<u> </u>		
-	and related organizations greater than \$1	-		-					-	ine organization		4	x	
5	Did any person listed on line 1a receive o									dual for services				
Ũ	rendered to the organization? If "Yes," co											5		X
Sec	tion B. Independent Contractors			0, 0,		<i>p</i> o <i>r</i> o								<u> </u>
1	Complete this table for your five highest of	compensated in	depe	ende	ent c	cont	racto	ors	that received more than	\$100,000 of corr	ipens:	ation	from	
	the organization. Report compensation for													
	(A)	y			0				(B)			(C)	
	Name and busines	s address							Description of s	ervices	C		ensatic	n
PAF	RATUS GROUP P													
552	2 BROADWAY, RM 6N, NEW	V YORK, 1	NY	1(00	12			CONSULTING			33	0,5	00.
	JDIO GANG								ARCHITECTURE	& URBAN				
-	20 WEST DIVISION ST, C								DESIGN			22	6,3	20.
	SCOM COMMUNICATIONS &			-					STRATEGIC					
	7 SOUTH ADAMS ST, TALI						01		COMMUNICATIO	NS/PR/PU		12	9,3	18.
	CPAS & CONSULTANTS,	6603 S U	MM	IΤ	D	R						_	_	
, (CANFIELD								FINANCIAL SE	RVICES		10	8,8	38.
2	Total number of independent contractors		not li	mite	d to			steo	d above) who received m	ore than				
	\$100,000 of compensation from the orga	nization 🕨					4							

\$100,000 of compensation from the organization

Form **990** (2021)

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Form 990 (2021)

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FOUNDATION INC. DBA VAN WEZEL FOUNDATION 59-2807055 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (A) (D) Revenue excluded Unrelated Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 808,822. c Fundraising events 1c d Related organizations 1d 464,760. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,143,592 1f g Noncash contributions included in lines 1a-1f 1g \$ 4,417,174 h Total. Add lines 1a-1f ► **Business Code** Program Service Revenue 2 a b С е f All other program service revenue g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and 3 280,887 280,887. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ► (i) Real (ii) Personal 6 a Gross rents 6a **b** Less: rental expenses ... 6b c Rental income or (loss) 6c ► d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 6,302,403 assets other than inventory 7a b Less: cost or other basis Other Revenue 6,192,806 7b and sales expenses **c** Gain or (loss) 7c 109,597. 109,597. 109,597. d Net gain or (loss) ► 8 a Gross income from fundraising events (not 808,822. of including \$ contributions reported on line 1c). See Part IV, line 18 8a 189,684 b Less: direct expenses 8b 555,001 -365,317, c Net income or (loss) from fundraising events -365,317 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances 10a 10b **b** Less: cost of goods sold c Net income or (loss) from sales of inventory ► **Business Code** Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 307 307. b С d All other revenue 307 e Total. Add lines 11a-11d ► 4,442,648. 0 0 25,474. Total revenue. See instructions 12 Form 990 (2021)

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59-2807055 Page 10 FOUNDATION INC. DBA VAN WEZEL FOUNDATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	not include amounts reported on lines 6b,	(A)	this Part IX	(C)	(D) Eurodroioing
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	709,554.	709,554.		
2	Grants and other assistance to domestic	0 500	0 500		
_	individuals. See Part IV, line 22	8,500.	8,500.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	trustees, and key employees	599,413.	185,818.	101,900.	311,695
6	Compensation not included above to disqualified				,
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	752,086.	175,747.	275,483.	300,856
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,181.	6,980.	2,760.	8,441
9	Other employee benefits	53,746.	19,560.	8,423.	8,441 25,763
0	Payroll taxes	85,463.	22,772.	24,102.	38,589
1	Fees for services (nonemployees):				
а	Management				
b	Legal	42,138.		5,909.	36,229
С	Accounting	19,500.		19,500.	
d	Lobbying	62,429.			62,429
е					
f	e	49,484.		49,484.	
g				146 100	
	column (A), amount, list line 11g expenses on Sch 0.)	787,968.	546,859.	146,109.	95,000
2	Advertising and promotion	114,859.	36,787.		78,072
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	34,986.	3,758.	18,095.	13,133
7	Travel	54,500.	5,750.	10,055.	10,100
8	Payments of travel or entertainment expenses				
9	for any federal, state, or local public officials Conferences, conventions, and meetings				
9					
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	12,338.	617.	1,234.	10,487
3	Insurance	10,714.		10,714.	- /
4	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	239,166.	1,529.	4,657.	232,980
b		89,436.	2,057.	81,356.	6,023
с	COMPUTER MAINTENANCE	52,214.	3,018.	48,857.	339
d	PRINTING	37,254.	4,202.	9,056.	23,996
е	· · · · · · · · · · · · · · · · · · ·	25,955.	17,300.	8,655.	
5	Total functional expenses. Add lines 1 through 24e	3,805,384.	1,745,058.	816,294.	1,244,032
6	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 (2021)

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Form	990	(2021)	ľ

FOUNDATION INC. DBA VAN WEZEL FOUNDATION 59-2807055 Page 11

	rt X	Balance Sheet	·• D		TONDATION	55	2007055 Page 11
IU		Check if Schedule O contains a response or no	to to an	w line in this Part Y			
		Check in Schedule O contains a response of no			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			125,150.	1	34,625
	2	Savings and temporary cash investments			1,908,882.	2	2,182,073
	3	Pledges and grants receivable, net		60,833.	3	28,333	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o				-	
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			51,484.	9	80,760
		Land, buildings, and equipment: cost or other				-	
		basis. Complete Part VI of Schedule D	10a	238,481.			
	Ь	Less: accumulated depreciation	10b	177,894.	43,620.	10c	60,587
	11	Investments - publicly traded securities			15,585,324.	11	14,672,158
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			17,775,293.	16	17,058,536
	17	Accounts payable and accrued expenses	339,811.	17	421,571		
	18	Grants payable		18			
	19	Deferred revenue			19,400.	19	0
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
Ē		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	ayables	to related third			
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			359,211.	26	421,571
ŝ		Organizations that follow FASB ASC 958, che	eck her	e 🕨 🔽			
ů n		and complete lines 27, 28, 32, and 33.			15 006 007		14 207 022
ala	27	Net assets without donor restrictions	15,086,987.	27	14,397,932 2,239,033		
D D	28	Net assets with donor restrictions			2,329,095.	28	2,239,033
5		Organizations that do not follow FASB ASC 9					
2 D		and complete lines 29 through 33.					
ets	29	Capital stock or trust principal, or current funds				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or ed				30	
et∤	31	Retained earnings, endowment, accumulated in			17,416,082.	31	16,636,965
Ż	32	Total net assets or fund balances			17,775,293.	32	17,058,536
	33	Total liabilities and net assets/fund balances			11,113,433.	33	Form 990 (2021

132011 12-09-21

	SARASOTA PERFORMING ARTS CENTER	F0 0	007055		10
	1990 (2021) FOUNDATION INC. DBA VAN WEZEL FOUNDATION rt XI Reconciliation of Net Assets	59-2	807055	Pa	ge 12
га					
	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	4,44	2 6	48.
2	Total expenses (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2	3,80	53	84
2		3	63	7 2	$\frac{64}{64}$
3 4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,41		
4 5		5	-1,41		
6	Net unrealized gains (losses) on investments	6	-,	<u>, , , , , , , , , , , , , , , , , , , </u>	<u>• • •</u>
7	Donated services and use of facilities	7			
8	Investment expenses Prior period adjustments	8			
9	Prior period adjustments 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,	3			
10	column (B))	10	16,63	5.9	65.
Pa	rt XII Financial Statements and Reporting		20,00	.,,	
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
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	d 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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	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 th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	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 requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2021)

132012 12-09-21

(Form 9	of the Treasury	Co	Public Cha omplete if the organ 494 • Go to www.irs.gov	OMB No. 1545-0047 2021 Open to Public Inspection					
Name of	the organizati			RMING ARTS C			mormation.	Employer	identification number
	life of gamzat			. DBA VAN WE			TTON		9-2807055
Part I	Reason			(All organizations must c					2007033
				For lines 1 through 12, c					
1		•		on of churches described		,			
2	-			Attach Schedule E (Form		11 170(5)(•//~//•/		
3				anization described in se		V6V4VAV;	::)		
3 <u> </u>	•	•		njunction with a hospital				Viiii) Entor	the beepital's name
4	city, and stat		ation operated in co	njunction with a nospital	described	a in Sectio			the hospital's hame,
5	•	-	or the bonefit of a co	llege or university owned	l or opora	tod by a d	ovornmontal	unit doscrik	od in
5 🗔			Complete Part II.)	lege of university owned	i or opera	leu by a y	oveninentai		
6				pontal unit deparihad in a	nantion 17	70(6)(4)(4)	60		
7		-	-	nental unit described in s				the general	public described in
1	-		•	ntial part of its support f	rom a gov	ernmental	unit or from	ine general	public described in
•	-		omplete Part II.)	(1)(A)(ui) (Complete Ded	. 11. \				
8 🛄 9 🛄				(1)(A)(vi). (Complete Parl		ad in a suit			
9 📖				in section 170(b)(1)(A)(
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, cit	y, and state c	i the colleg	e or
10 X	university:	on that narma	Illy reacives (1) more	than 22 1/20/ of its sure	oort from	oontributic	no mombor	hin face of	ad areas ressints from
10 22				than 33 1/3% of its sup					
				t to certain exceptions;					
				(less section 511 tax) fro	usine on busine	sses acqu	lifed by the o	rganization	alter Julie 30, 1975.
11 🗆			mplete Part III.)	ively to test for public or	fati Caa	ocation El	O(a)(A)		
12	-	•	-	ively to test for public sa	•			orre out the	numpeope of one or
	-	-	-	ively for the benefit of, to				-	
				ed in section 509(a)(1) o					neck the box on
-	_			of supporting organizatio					, alt da a
a 🗆				upervised, or controlled					
		-		gularly appoint or elect a	a majority (of the dire	ctors or trust	ees of the s	supporting
ь Г	-		complete Part IV, Se				a al averaginati	ana (a) ha a ha	
b 🗆			-	l or controlled in connec			-		-
		•		anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported
- L		. ,	t complete Part IV,						l
c 🗆				g organization operated				any integrate	ed with,
. [_	-		s). You must complete F					
d 🗆		-		orting organization oper				0	()
				zation generally must sat				d an attent	iveness
. [_			nplete Part IV, Sections					
e 🗆				written determination fro			а туре ї, туре	e II, Type III	
6 E.t				nally integrated supporti					[]
	(i) Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organizatior		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see i	-	support (see instructions)
	-			above (see instructions))	169		··· `	· · · ·	, , , , , , , , , , , , , , , , , , ,
Total									

FOUNDATION INC. DBA VAN WEZEL FOUNDATION59-2807055 Page 2

Schedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		i	1	1	1	1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10					10	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth tox		12	
13	organization, check this box and stop	- hava	, ,	· ·	,	()()	
Sec	ction C. Computation of Publ		ercentage				
	Public support percentage for 2021 (I			column (f))		14	%
	Public support percentage from 2020						%
	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				-		
b	10% -facts-and-circumstances tes	-		• • • •			
	more, and if the organization meets th	-	-				
	organization meets the facts-and-circl						>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns 🕨 🗌
							(Form 990) 2021

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Schedule A (Form 990) 2021

FOUNDATION INC. DBA VAN WEZEL FOUNDATION59-2807055 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")	2,540,912.	1,488,958.	1,973,710.	2,410,209.	4,417,174.	12,830,963.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the					180 684	189,684.
organization's tax-exempt purpose					109,004.	109,004.
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						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge	0.540.040	4 400 050	1 050 510	0.44.0.000	4 696 959	12 000 645
6 Total. Add lines 1 through 5	2,540,912.	1,488,958.	1,973,710.	2,410,209.	4,606,858.	13,020,647.
7a Amounts included on lines 1, 2, and				275 200	201 204	
3 received from disqualified persons				275,298.	391,394.	666,692.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b				275,298.	391,394.	
8 Public support. (Subtract line 7c from line 6.)						12,353,955.
Section B. Total Support						
alendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	2,540,912.	1,488,958.	1,973,710.	2,410,209.	4,606,858.	13,020,647.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		213,348.				1,316,354.
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	164,677.	213,348.	309,723.	347,719.	280,887.	1,316,354.
1 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				1,086.	307.	1,393.
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,705,589.	1,702,306.	2,283,433.	2,759,014.	4,888,052.	14,338,394.
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Publi	ic Support Pe	rcentage				
15 Public support percentage for 2021 (li	ine 8, column (f), d	livided by line 13,	column (f))		15	86.16 %
16 Public support percentage from 2020					16	87.77 %
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	9.18 %
18 Investment income percentage from 2		- · · · · · · · · · · · ·			18	9.85 %
19a 33 1/3% support tests - 2021. If the	organization did n				33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						X
b 33 1/3% support tests - 2020. If the line 18 is not more than 33 1/3%, che	•					
20 Private foundation. If the organization						
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			16			. ,=
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FOUNDATION INC. DBA VAN WEZEL FOUNDATION59-2807055 Page 4

Part IV Supporting Organizations

Schedule A (Form 990) 2021

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

Section A. All Supporting Organizations

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

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10b Schedule A (Form 990) 2021

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

-	edule A (Form 990) 2021 FOUNDATION INC. DBA VAN WEZEL FOUNDATION 59-28	0105	D Pa	age 5
Pa	rt IV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	<u> </u>		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	stion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	
•	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				
	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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

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3b Schedule A (Form 990) 2021

3

2a

2b

За

No Yes

18

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Schedule A	(Form 990) 2021	FOUNDATION	INC.	DBA	VAN	WEZEL	FOUNDATION59-2807055
Part V	Type III Non-Functi	ionally Integrated	509(a)(3) Sup	porting	g Organiz	ations

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

Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain		1		
2 Recoveries of prior-year distribution	ns	2		
3 Other gross income (see instruction	ons)	3		
4 Add lines 1 through 3.	·	4		
5 Depreciation and depletion		5		
6 Portion of operating expenses pai	d or incurred for production or			
collection of gross income or for n	nanagement, conservation, or			
maintenance of property held for	production of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract li	nes 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all	non-exempt-use assets (see			
instructions for short tax year or a	ssets held for part of year):			
a Average monthly value of securitie	9S	1a		
b Average monthly cash balances		1b		
c Fair market value of other non-exe	mpt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or	other factors			
(explain in detail in Part VI):				
2 Acquisition indebtedness applical	ble to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.		3		
4 Cash deemed held for exempt use	e. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
5 Net value of non-exempt-use asse	ts (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distribution	ns	7		
8 Minimum Asset Amount (add line	e 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year	(from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.		2		
3 Minimum asset amount for prior y	ear (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 I	ine 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current ye	ar is the organization's first as a non-functiona	lly integra	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2021

Page 6

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SARASOTA PERFORMING ARTS CENTER FOUNDATION INC. DBA VAN WEZEL FOUNDATION59-2807055 Page 7

Current Year

1

2 3

4 5

6

7

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

1 Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

Other distributions (describe in Part VI). See instructions.

Total annual distributions. Add lines 1 through 6.

4 Amounts paid to acquire exempt-use assets

Amounts paid to perform activity that directly furthers exempt purposes of supported

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)

Administrative expenses paid to accomplish exempt purposes of supported organizations

d	Excess 1

Schedule A (Form 990) 2021

Section D - Distributions

2

3

6

7

	Total annual distributions. Add lines T through 6.				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

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Schedule A	(Form 990) 2021	SARASOTA F FOUNDATION					ON59-28070	55 Page
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	mation. Provide the , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	e explanations req 6, 9a, 9b, 9c, 11a Section E, lines 1	uired by Pa a, 11b, and c, 2a, 2b, 3	art II, line 1 11c; Part I 3a, and 3b;	0; Part II, line 17a V, Section B, line Part V, line 1; Pa	i or 17b; Part III, line s 1 and 2; Part IV, So rt V, Section B, line 1	12; ection C,
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SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)			-	-		2021
	-	anizations Exempt From Incom if the organization is described				
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for			990-EZ.	Open to Public Inspection
		-				•
-	-	Form 990, Part IV, line 3, or Fo pplete Parts I-A and B. Do not co		ne 46 (Political Cam	paign Acti	vities), then
		01(c)(3)) organizations: Complete	•	, Do not complete Pa	ut LB	
 Section 501(c) (office Section 527 organiz 		· · · · · ·	Fails I-A and C below	. Do not complete Pa	urt I-D.	
0	•	Form 990, Part IV, line 4, or Fo	orm 990-EZ Part VI li	ine 47 (Lobbying Ac	tivities) th	en
-		have filed Form 5768 (election ur				
	-	have NOT filed Form 5768 (election		-	-	
	-	Form 990, Part IV, line 5 (Prox				
Tax) (See separate inst						
• Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.				
Name of organization		A PERFORMING ART				r identification number
		ION INC. DBA VAN				9-2807055
Part I-A Compl	ete if the org	anization is exempt und	er section 501(c)	or is a section 5	527 orga	nization.
		ation's direct and indirect politic				
		ures			►\$	
3 Volunteer hours for	political campai	gn activities			·	
Part I-B Compl	ete if the oro	anization is exempt und	er section 501(c)	(3)		
-		incurred by the organization und	. ,		•	
2 Enter the amount of	of any excise tax	incurred by organization manage	re under section 1955		∵►* <u></u>	
		n 4955 tax, did it file Form 4720				Yes No
b If "Yes," describe in						
		anization is exempt und	er section 501(c)	, except section	501(c)(3	3).
1 Enter the amount of	lirectly expended	by the filing organization for sec	ction 527 exempt func	tion activities	▶\$	
		ization's funds contributed to otl			·	
exempt function ac	tivities				▶\$	
		. Add lines 1 and 2. Enter here a				
					▶\$	
		1120-POL for this year?				Yes No
		nployer identification number (Ell				
	-	tion listed, enter the amount paid				
	•	omptly and directly delivered to a additional space is needed, prov			separate se	egregated fund or a
	. ,					
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid filing organizatio		e) Amount of political ntributions received and
				funds. If none, ent	er -0	promptly and directly
						lelivered to a separate political organization.
						If none, enter -0
				1		
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 9	990 or 990-EZ.		Sche	dule C (Form 990) 2021

132041 11-03-21

Part II-A section 501(h). Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h). A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check If the filing organization checked box A and "limited control" provisions apply. I a Total lobbying expenditures to influence public opinion (grassroots lobbying) Image: totals 1 a Total lobbying expenditures to influence public opinion (grassroots lobbying) Image: totals 1 a Total lobbying expenditures (add lines 1 a and 1b) Image: total lobbying expenditures (add lines 1 c and 1d) 1 clobbying expenditures (add lines 1 c and 1d) Image: total lobbying expenditures (add lines 1 c and 1d) 1 clobbying expenditures (add lines 1 c and 1d) Image: total lobbying expenditures (add lines 1 c and 1d) 1 clobbying ontaxable amount from the following table in both columns. If the ameuton line 1, column (a) or (b) is: 1 the tower \$\$10,000,000 220% of the amount on ine 10. 0 Cver \$\$1,000,000 but not over \$1,000,000 \$225,000 Pust 15% of the excess over \$1,000,000 0 ver \$1,000,000 but not over \$1,000,000 \$225,000 Pust 15% of the excess over \$1,000,000 0 ver \$1,000,000 but not over \$1,000,000 \$1,000,000 0 organization checkes secthe CDII				RFORMING AR	TS CENTER	NDATIO 59-2	2807055 Page 2
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures. (a) Filing organization checked box A and "limited control" provisions apply. 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) is b Total lobbying expenditures (add lines 1a and 1b). is c Total lobbying expenditures (add lines 1a and 1b). is d Other exempt purpose expenditures. if the amount on line 1; c. (abbying nontaxable amount is: it hobying ontaxable amount is: it holds on the following table in both columns. If the amount on line 1; c. (abbying nontaxable amount is: it holds on line 10; c. (b): 15% of the axcess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$100,000 puts 15% of the axcess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$226,000 plus 15% of the axcess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$10,000 plus 15% of the axcess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$10,000 plus 15% of the axcess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$1,000,000. If there is a amount there line 1 he in th idid the organization file Form 4720 reporting section 4911 tax for his year? Yes	Part II-A Complete if the org						
B Check. if the filing organization checked box A and "limited control" provisions apply. (a) Filing organization's totals (b) Affiliated group totals Ia Total lobbying expenditures to influence public opinion (grassroots lobbying) intervention (grassroots lobbying) intervention (grassroots lobbying) intervention (grassroots lobbying) b Total lobbying expenditures (add lines ta and tb) intervention (grassroots lobbying) intervention (grassroots lobbying) intervention (grassroots lobbying) c Total lobbying expenditures (add lines ta and tb) intervention (grassroots lobbying) intervention (grassroots lobbying) d Other exempt purpose expenditures (add lines ta and tb) intervention (grassroots lobbying) intervention (grassroots lobbying) ft lobbying nontaxable amount. Enter the amount form the following table in both columns. intervention (grassroots lobbying) intervention (grassroots lobbying) Over \$10,000,000 \$100,000 plus 15% of the excess over \$1,000,000 intervention (grassroots lobbying) intervention (grassroots lobbying) g Grassroots nontaxable amount (enter 25% of line 1f) intervention (grassroots lobbying) intervention (grassroots lobbying) intervention (grassroots lobbying) g Grassroots nontaxable amount (enter 25% of line 1f) is Subtract line 1f form line 1. if zero r less, enter -0. is Subtract		tion belong	s to an aff	iliated group (and list i	n Part IV each affiliated	group member's nan	ne, address, EIN,
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) (a) Filing organizations totals (b) Affiliated group totals 1a Total lobbying expenditures to influence public opinion (grassroots lobbying)		-		• • •			
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b Total lobbying expenditures (add lines 1 and 1b))	organization's	
c Total lobbying expenditures (add lines 1a and 1b)	1a Total lobbying expenditures to influ	lence publi	c opinion (grassroots lobbying)			
d Other exempt purpose expenditures	b Total lobbying expenditures to influ	uence a legi	islative bo	dy (direct lobbying)			
e Total exempt purpose expenditures (add lines 1c and 1d) Image: the the amount form the following table in both columns. if the amount on line 1e, eolumn (a) or (b) is: The tobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$51,000,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,700,000 \$225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 but not over \$1,700,000 \$225,000 plus 5% of the excess over \$1,000,000 Over \$1,000,000 \$1,000,000 If the re is an amount other than zero or less, enter -0 Image: the same and tother than zero on either line 1h or line 1i, did the organization file Form 4720 If there is an amount other than zero on either line thor vine to complete all of the five columns below. See the separate instructions for lines 2a through 24.) Calendar year Image: the separate instructions for lines 2a through 24.) Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) To	c Total lobbying expenditures (add lir	nes 1a and	1b)				
f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The tobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 10% of the excess over \$1,000,000. Over \$17,000,000 \$17,000,000 \$100,000. Over \$17,000,000 \$100,000. \$100,000. Over \$17,000,000 \$1,000,000. \$100,000. g Grassroots nontaxable amount (enter 25% of line 1f)							
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Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. g Grassroots nontaxable amount (enter 25% of line 1f)	. ,						
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)			. ,	1	/		
Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)		<i>,</i>	,	•			
g Grassroots nontaxable amount (enter 25% of line 1f)		000,000	. ,	1	ess over \$1,500,000.		
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t,) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount Image: Column (e)) Image: Column (e)) Image: Column (e)) Image: Column (e)) c Total lobbying expenditures Image: Column (e)) Image: Column (e)) Image: Column (e)) f Grassroots nontaxable amount Image: Column (e)) Image: Column (e)) Image: Column (e)) f Grassroots lobbying expenditures Image: Column (e)) Image: Column (e)) Image: Column (e)) Image: Column (e)) f Grassroots lobbying expenditures Image: Column (e)) Image: Column (e)) Image: Column (e)) Image: Column (e	Over \$17,000,000		\$1,000,	000.			
h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2t,) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount Image: Column (e)) Image: Column (e)) Image: Column (e)) Image: Column (e)) c Total lobbying expenditures Image: Column (e)) Image: Column (e)) Image: Column (e)) f Grassroots nontaxable amount Image: Column (e)) Image: Column (e)) Image: Column (e)) f Grassroots lobbying expenditures Image: Column (e)) Image: Column (e)) Image: Column (e)) Image: Column (e)) f Grassroots lobbying expenditures Image: Column (e)) Image: Column (e)) Image: Column (e)) Image: Column (e	Crassrests poptsychia amount (and	tor OE0/ of	line 1f)				
i Subtract line 1f from line 1c. If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures	•		,				
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes reporting section 4911 tax for this year? Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 21.) Lobbying Expenditures During 4-Year Averaging Period calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) Total 2a Lobbying nontaxable amount (150% of line 2a, column(e)) Lobbying expenditures Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) f Grassroots lobbying expenditures Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% of line 2d, column (e)) Image: Column (e) (150% o							
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(or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 10tal 2a Lobbying nontaxable amount		Lobby	ying Expe	nditures During 4-Ye	ar Averaging Period		
b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures	,	(a) 20	018	(b) 2019	(c) 2020	(d) 2021	(e) Total
(150% of line 2a, column(e)) (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) (150% of line 2d, column (e)) f Grassroots lobbying expenditures							
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures							
e Grassroots ceiling amount (150% of line 2d, column (e)) Image: Column (e) f Grassroots lobbying expenditures Image: Column (e)	c Total lobbying expenditures						
e Grassroots ceiling amount (150% of line 2d, column (e)) Image: Column (e) f Grassroots lobbying expenditures Image: Column (e)	d Grassroots nontaxable amount						
(150% of line 2d, column (e)) f Grassroots lobbying expenditures							
	5						
Schodulo C (Form 990) 2021	f Grassroots lobbying expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

FOUNDATION INC. DBA VAN WEZEL FOUNDATIO 59-2807055 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(b)
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots		X		
	Media advertisements?	L	X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
	Other activities?	X			,429.
	Total. Add lines 1c through 1i			47	,429.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from t				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), secti	• • •			• •
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			III-A, line	e 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (See	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
FOI	RM 990, SCHEDULE C, PART II-B, LINE 1I				
TH	E ORGANIZATION ENGAGED WITH CAPITAL CITY CONSULTING	TO II) STAT	E	

APPROPRIATIONS.

Schedule C (Form 990) 2021

132043 11-03-21

SCH (Form						I Statemer			2	<u>1545-0047</u>
(Form	990)			line 6, 7, 8, 9, 10,	11a, 11b, 11c, 1	ld, 11e, 11f, 12a, or				UZI
	nent of the Treasury Revenue Service		Go to www		Attach to Form 9	90. s and the latest info	ormation			n to Public ection
	of the organizati	tion S	ARASOTA P				ination.		oloyer identific	
			OUNDATION	I INC. DBA	A VAN WEZ	EL FOUNDAT	ION		59-280	
Part	t I Organiza	ations	Maintaining I	Donor Advise	d Funds or O	her Similar Fur	nds or A	ccou	Ints.Complete	if the
	organizatio	on answe	ered "Yes" on Forr	n 990, Part IV, line	e 6.					
					(a) Donor	advised funds	((b) Fun	ds and other a	ccounts
1	Total number at e	nd of yea	ar							
2	Aggregate value o	of contrib	utions to (during	year)						
3	Aggregate value o	of grants ⁻	from (during year))						
4	Aggregate value a	at end of	year							
	-				-	sets held in donor ad				
						ntrol?			🖵 Yes	s 📖
						hat grant funds can				
						r for any other purpo				
										s 🗌
Part						ed "Yes" on Form 99	0, Part IV	, line 7.		
1	Purpose(s) of con									
			for public use (for	r example, recreat	ion or education)				important land	area
	Protection o					Preservation	of a certi	ified his	storic structure	
	Preservation		•							
			2d if the organiza	ation held a qualif	ed conservation of	contribution in the fo	orm of a co	onserva		
	day of the tax yea								Held at the End	of the lax y
								2a		
								2b		
						(a)		2c		
						not on a historic str				
								2d		
3	Number of conser	rvation ea	asements modifie	d, transferred, rel	eased, extinguish	ed, or terminated by	the orgar	nizatior	n during the tax	
	year 🕨									
	Number of states						_			
						nspection, handling				
6	Staff and voluntee	er hours o	devoted to monito	oring, inspecting,	nandling of violati	ons, and enforcing c	conservati	on eas	ements during	the year
-		<u> </u>								
		ses incuri	red in monitoring,	inspecting, hand	ling of violations,	and enforcing conse	ervation ea	asemer	nts during the y	ear
	►\$		<u> </u>					-) (1)		
						rements of section				<u> </u>
										s 📖
			-	-		s revenue and expe				
					ote to the organiz	ation's financial stat	ements tr	hat des	cribes the	
	organization's acc				Art Historic	al Treasures, or	· Other	Simil	ar Accote	
rai			anization answere				Other	Simila	ai Assels.	
4.		-								
						its revenue stateme				
						cation, or research i		ince of	public	
						nat describes these			ture des st	
						evenue statement a				
					exhibition, educa	tion, or research in f	urtherand	e or pu	iblic service,	
	provide the follow	-	-						¢	
						milar assots for finar			\$	
						milar assets for finar	icial gain,	provid	e	
	the following amo								ħ	
							<u></u>			orm 000) c
	For Paperwork R	reauction	ACT NOTICE, SEE	e the instructions	ior Form 990.				Schedule D (F	orm 990) 2
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		A PERFORMIN								_	-
		ION INC. DI						59-28			
Pai	rt III Organizations Maintaining C		-							nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check aı	ny of the	following th	at make	significant	t use of its			
	collection items (check all that apply):		□.								
a		d			hange progr						
b	Scholarly research	e		ier							
c	Preservation for future generations										
4	Provide a description of the organization's co							ose in Par	t XIII.		
5	During the year, did the organization solicit o										
Pa	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
I u	reported an amount on Form 990, Pa			ganizatio	ii answereu	165 0	11011135	U, Faitiv,	iii le 9, 0i		
1a	Is the organization an agent, trustee, custod		iary for cor	ntribution	s or other a	ssets no	tincluded				
ia	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII							······	_ 100		
-									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation h	nas been	provided or	n Part XII	I				
Pai	rt V Endowment Funds. Complete i	f the organization an	swered "Ye	es" on Fo	rm 990, Par	rt IV, line	10.				
		(a) Current year	(b) Prio	r year	(c) Two yea	ars back	(d) Three	years back	(e) Fou	years	s back
1a	Beginning of year balance	15,771,522.	15,6	76,274.	15,38	34,272.	15,3	132,777.	4	,679	,389.
b	Contributions				10	0,303.			10	,150	,000.
С	Net investment earnings, gains, and losses	-1,005,415.	1,43	20,374.	19	91,699.		356,495.		303	,388.
d	Grants or scholarships		5	58,707.				105,000.			
е	Other expenditures for facilities										
	and programs	9,048,166.	70	56,419.							
f	Administrative expenses										
g	End of year balance	5,717,941.		71,522.	,	76,274.	15,3	384,272.	15	,132	,777.
2	Provide the estimated percentage of the cur			column (a	a)) held as:						
а	Board designated or quasi-endowment	66.5500	_%								
b	Permanent endowment 33.4500	%									
С	· · · · · · · · · · · · · · · · · · ·	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	re held a	nd administ	ered for	the organi	zation	1	<u> </u>	1
	by:									Yes	
	(i) Unrelated organizations										X
	(ii) Related organizations								3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	t VI Land, Buildings, and Equipm		wment fun	ds.							
Fai	Complete if the organization answere		Part IV li	ne 11a S	ee Form 99	0 Part X	line 10				
	Description of property	(a) Cost or ot		(b) Cost		1		od bo	(d) Boo		10
	Description of property	basis (investm		basis		1	preciation		(u) 000	n van	
1a	Land		,		. ,						
b	Buildings										
	Leasehold improvements					1					
d	Equipment					1					
	Other			23	8,481.		177,8	94.	6	0,5	587.
	. Add lines 1a through 1e. (Column (d) must e		X, column								587.
								Schedule	D (Forn	n 990) 2021

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) (Form 990) 2021	FOUNDATION	INC.	DBA VAN	WEZEL	FOUNDATION	59-2807055 Page 3
Part VII		Other Securities.					
		anization answered "Yes"					
(a) Descrip	otion of security or categ	OTY (including name of security)	(b)	Book value	(c) Me	thod of valuation: Cost	t or end-of-year market value
(1) Financi	al derivatives						
• • •	held equity interests						
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
), Part X, col. (B) line 12.) 🕨					
Part VII		Program Related.	_				_
		anization answered "Yes"	-				
	(a) Description of	investment	(b)	Book value	(c) Me	thod of valuation: Cost	t or end-of-year market value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)					_		
), Part X, col. (B) line 13.) 🕨					
Part IX	J		-		44.1.0.5		_
	Complete if the org	anization answered "Yes"			ne 11d. See F	orm 990, Part X, line 15	
		(a)	Descript	ion			(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)			. 15 \				
Part X	Other Liabilitie	orm 990, Part X, col. (B) lin	e 15.)	<u></u>			🕨
Fail A			on Form		a 11a ar 11f	Saa Farm 000 Dart V	line OF
	-	anization answered "Yes" escription of liability	ONFORM	990, Part IV, III	le lie of ill.	See Form 990, Part A,	(b) Book value
<u>1.</u>	. ,	escription of hability					
. ,	deral income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9) Tatal (Oak	······································		- 05 \				<u> </u>
		orm 990, Part X, col. (B) lin					P
-	-	sitions. In Part XIII, provide			-		
organiz	ation's liability for und	certain tax positions unde	r ⊢ASB A	SC 740. Check	nere if the te	<u>xt of the footnote has b</u>	peen provided in Part XIII X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	House D (Form 990) 2021 FOUNDATION INC. DBA VAN WEZEL FOUNDATION	59-	2807055 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	3,134,475.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b 157,692.		
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	-1,258,689.
3	Subtract line 2e from line 1	3	4,393,164.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 49,484.		
b	Other (Describe in Part XIII.)		10 101
С	Add lines 4a and 4b	4c	49,484.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,442,648.
Ра	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	κετι	irn.
1	Total expenses and losses per audited financial statements	1	3,913,592.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 157, 692.		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	157,692.
3	Subtract line 2e from line 1	3	3,755,900.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 49,484.		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	49,484.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	3,805,384.
	rt XIII Supplemental Information.		

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

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENTS CONSIST OF FUNDS ESTABLISHED FOR A VARIETY OF

PURPOSES. ITS ENDOWMENTS INCLUDE DONOR-RESTRICTED ENDOWMENTS AND

BOARD-DESIGNATED ENDOWMENTS.

PART X, LINE 2:

THE FOUNDATION RECOGNIZES A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION

ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED

53

ON EXAMINATION OF THE TAXING AUTHORITIES. MANAGEMENT EVALUATED THE

FOUNDATION'S TAX POSITIONS AND CONCLUDED THAT THE FOUNDATION HAD NO

MATERIAL UNCERTAINTIES IN INCOME TAXES AS OF JUNE 30, 2022 AND 2021.

132054 10-28-21

	SARASOTA PI	SRFORMING גפת זאר		CENTI	R FOUNDATION59-	2807055 -)o
chedule D (Form 990) 2021 Part XIII Supplemental Info	rmation (continued)				1 000DA110NJ9-	20070JJ P	age
					Schee	dule D (Form 990)) 20
2055 10-28-21			54				

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SCHEDULE G (Form 990)		ntal Information Regarding						DMB No. 1545-0047
(10111 330)		organization entered more than \$1				л тэ _.	, or it the	2021
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service Name of the organizatio		to www.irs.gov/Form990 for instr A PERFORMING ARTS				ion.		Inspection ntification number
		ION INC. DBA VAN W					59-2807	
	complete this par	 Complete if the organization answe t. 	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	Z filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions I email solicitations itations olicitations on have a written o ted in Form 990, P 0 highest paid indiv	f Solicita g Special or oral agreement with any individua 'art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra l (inclue profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ.		Schedule	e G (Form 990) 2021

132081 10-21-21

FOUNDATION INC. DBA VAN WEZEL FOUNDATION59-2807055 Page 2

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

			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	((4 - 4 - 1	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	998,506.			998,506.
	2	Less: Contributions	808,822.			808,822.
	3	Gross income (line 1 minus line 2)	189,684.			189,684.
	4	Cash prizes				
6	5	Noncash prizes	82,885.			82,885.
pense	6	Rent/facility costs	46,754.			46,754.
Direct Expenses	7	Food and beverages	77,228.			77,228.
Ō	8	Entertainment	189,574.			189,574.
	9	Other direct expenses	158,560.			158,560.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	555,001.
		Net income summary. Subtract line 10 from li	ine 3, column (d)		🕨	-365,317.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				

Direct Expens 3 Noncash prizes Rent/facility costs 4 5 Other direct expenses % Yes % Yes Yes % 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ **Yes** ____ **b** If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

_ No

Schedule G (Form 990) 2021	SARASOTA PERFORMING ARTS CENTER FOUNDATION INC. DBA VAN WEZEL FOUNDATION59-2	280705!	D Page 3
	aming activities with nonmembers?		
12 Is the organization a grantor, ben	eficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitable gaming?13 Indicate the percentage of gamin	g activity conducted in:	└── Yes	L No
	3	13a	%
			%
	ne person who prepares the organization's gaming/special events books and records:		
Name 🕨			
Address ►			
15a Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	🗌 Yes	🗌 No
	ning revenue received by the organization ▶ \$ and the amount e third party ▶ \$ e of the third party:		
Name 🕨			
16 Gaming manager information:			
Name			
Gaming manager compensation			
Description of services provided	►		
Director/officer	Employee Independent contractor		
17 Mandatory distributions:			
a Is the organization required under retain the state gaming license?	r state law to make charitable distributions from the gaming proceeds to	Yes	No
b Enter the amount of distributions	required under state law to be distributed to other exempt organizations or spent in the	100	
organization's own exempt activit Part IV Supplemental Infor	ties during the tax year ▶ \$ 'mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9	, 9b, 10b,
	s applicable. Also provide any additional information. See instructions.		

132083 10-21-21

		SARASOTA PERFORM		$\frac{1}{1}$		0005055
nedule G	(Form 990) Supplemental Infor	FOUNDATION INC.	DBA \	AN WEZEL E	OUNDATION59-	-2807055 Pa
art IV	Supplemental Infor	mation (continuea)				
						Cabadata C /E
						Schedule G (Form

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SCHEDULE I (Form 990) Department of the Treasury		Go	Grants and Oth overnments, an lete if the organization	d Individual	s in the Ŭn i on Form 990, Pa	ted States		OMB No. 1545-0047 2021 Open to Public
Internal Revenue Service				s.gov/Form990 fo		nation.		Inspection
Name of the organizati			IG ARTS CENT BA VAN WEZEL		ON			Employer identification number 59-2807055
Part I General Ir	nformation on Grants a							
criteria used to a	zation maintain records award the grants or assis IV the organization's pro	stance?						tion 🔀 Yes 🗌 No
	d Other Assistance to hat received more than	-				anization answered "	/es" on Form 990, Par	t IV, line 21, for any
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
VAN WEZEL PERFORM CITY OF SARASOTA TRAIL - SARASOTA,	- 777 N. TAMIAMI	59-6000426	CITY OF SARASOTA	539,056.	0.			DIRECT SUPPORT TO VAN WEZEL PERFORMING ARTS HALL, INCLUDING COMMUNITY EDUCATION/OUTREACH,
VAN WEZEL PERFORM CITY OF SARASOTA TRAIL - SARASOTA,	- 777 N. TAMIAMI	59-6000426	CITY OF SARASOTA	170,498.	0.			PASSTHROUGH GRANTS
2 Enter total numb	per of section 501(c)(3) a	I and government or	I rganizations listed in th	e line 1 table	<u> </u>	L	I	▶ 1.
	per of other organization			·····	<u></u>			0.
LHA For Paperwork	Reduction Act Notice		tions for Form 990.)LUMN (H) DE	SCRIPTION	S			Schedule I (Form 990) 2021

FOUNDATION INC. DBA VAN WEZEL FOUNDATION

59-2807055

Page 2

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

(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
3	8,500.	0.		
	(b) Number of recipients	recipients cash grant	recipients cash grant cash assistance	

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

PART I, LINE 2:

Schedule I (Form 990) 2021

WE OBTAIN REPORTING FROM ANY ORGANIZATIONS THAT ARE PROVIDED GRANTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

VAN WEZEL PERFORMING ARTS HALL, CITY OF SARASOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: DIRECT SUPPORT TO VAN WEZEL

PERFORMING ARTS HALL, INCLUDING COMMUNITY EDUCATION/OUTREACH, SPECIAL

PROGRAMS, BEAUTIFICATION AND UNIQUE EQUIPMENT NEEDS.

SC	HEDULE J Compensation Information	OMB No.	1545-00	47
	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	- 00	01	
(. 0	Compensated Employees	20	Z	
	► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	Open to	Publ	ic
	the Treasury al Revenue Service	Inspe		
		identificati	on nu	mber
	· · ·	280705		
Pa	rt I Questions Regarding Compensation		-	
			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,		100	
	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			
	Image: A structure of the second of the s			
	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	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	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.			
	X Compensation committee			
	Independent compensation consultant			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
с	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?			X
	Any related organization?			X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?			X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	dule J (Forn	n 990) 2021

Schedule J (Form 990) 2021

FOUNDATION INC. DBA VAN WEZEL FOUNDATION 59-2807055

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CHERYL MENDELSON	(i)	257,827.	25,000.	0.	8,485.	2,212.	293,524.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

FOUNDATION INC. DBA VAN WEZEL FOUNDATION

Page 3

Part III Supplemental Information

Schedule J (Form 990) 2021

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.

PART I, LINE 1A:

MEMBERSHIP IN THE SARASOTA YACHT CLUB FOR USE IN DONOR CULTIVATION AND

DONOR RECOGNITION EVENTS.

DURING THE TAX YEAR, THE CEO BEGAN RECEIVING GROSSED-UP REIMBURSEMENTS FOR

SOCIAL CLUB MEMBERSHIP DUES.

PART I, LINE 3:

THE CEO'S COMPENSATION IS DETERMINED BY A COMMITTEE WHICH WORKS TOGETHER TO

AGREE ON SALARY. COMPENSATION STUDIES AND OTHER NON-PROFITS' 990S WERE

REVIEWED AS A BASIS FOR SALARY. THE CEO IS GIVEN A WRITTEN EMPLOYMENT

CONTRACT.

PART I, LINE 5:

THE PRESIDENT/CEO RECEIVES A YEAR-END INCENTIVE BONUS, AS DEFINED IN HER

EMPLOYMENT CONTRACT.

Schedule J (Form 990) 2021

OMB No. 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or Form 990-EZ Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service SARASOTA PERFORMING ARTS CENTER Name of the organization Employer identification number 59-2807055 FOUNDATION INC. DBA VAN WEZEL FOUNDATION FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVANCE EDUCATION, AND ENRICH COMMUNITIES BY INSPIRING MINDS THROUGH THE POWER OF THE ARTS. THE FOUNDATION HAS PARTNERED WITH THE VAN WEZEL PERFORMING ARTS HALL SINCE 1987 TO SUPPORT ARTS EDUCATION THROUGHOUT OUR REGION, SERVING MORE THAN 50,000 STUDENTS AND THEIR FAMILIES ANNUALLY WITH ENRICHING ARTS-BASED EDUCATION OPPORTUNITIES AND PROFESSIONAL DEVELOPMENT FOR MORE THAN 400 TEACHERS ACROSS FIVE COUNTIES. THE VAN WEZEL FOUNDATION IS LEADING THE VISION TO BUILD A NEW SARASOTA PERFORMING ARTS CENTER IN PARTNERSHIP WITH THE CITY, AND IN COLLABORATION WITH THE BAY PARK CONSERVANCY AND VAN WEZEL HALL.

FORM 990, PART I, LINE 6 VOLUNTEERS

VOLUNTEERS ASSIST THE FOUNDATION IN VARIOUS ASPECTS. THEY PARTICIPATE

IN VARIOUS COMMITTEES TO SUPPORT THE FOUNDATION'S MISSION. THOSE

COMMITTEES ARE THE EXECUTIVE COMMITTEE, GOVERNANCE COMMITTEE, STRATEGIC

PLAN COMMITTEE, ARTS EDUCATION & COMMUNITY ENGAGEMENT COMMITTEE, AUDIT

COMMITTEEE AND FINANCE COMMITTEE. ADDITIONALLY, VOLUNTEERS HELP

PREPARE AND CARRY-OUT ALL OF THE FOUNDATION'S PROGRAMMATIC EVENTS.

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

ON SEPTEMBER 6, 2018, THE SARASOTA CITY COMMISSION APPROVED THE

BAYFRONT MASTER PLAN WITH A NEW PERFORMING ARTS CENTER AT THE HEART OF

THE BAY PARK THAT WILL BECOME THE NEXUS OF PERFORMING ARTS IN OUR

REGION FOR GENERATIONS TO COME. THE FOUNDATION AND THE CITY OF SARASOTA

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202113221111-11-21

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Schedule O (Form 990) 2021	Page 2
Name of the organization SARASOTA PERFORMING ARTS CENTER	Employer identification number
FOUNDATION INC. DBA VAN WEZEL FOUNDATION	59-2807055
HAVE HAD A THRIVING CULTURAL PARTNERSHIP FOR OVER THREE D	ECADES. ON
APRIL 4, 2022, THE FOUNDATION'S PARTNERSHIP ROLE EXPANDED	WITH THE
SARASOTA CITY COMMISSION APPROVED THE EXECUTION OF A PARTY	NERSHIP
AGREEMENT FOR THE PLANNING, FINANCING, DESIGN, AND CONSTRU	UCTION OF THE
NEW SARASOTA PERFORMING ARTS CENTER. TOGETHER, BOTH PARTI	ES HAVE LAID
THE NECESSARY GROUNDWORK-SURVEYS, FEASIBILITY STUDIES, EN	GINEERING
STUDIES, AND COST ESTIMATES. THE NEW PERFORMING ARTS CENT	ER WILL BE
MORE THAN A BUILDING. AS A FINANCIALLY ROBUS, YEAR-ROUND	CIVIC ASSET,
SARASOTA PERFORMING ARTS CENTER WILL ENHANCE SARASOTA'S R	EPUTATION AS A
REGIONAL, NATIONAL, AND INTERNATIONAL CULTURAL DESTINATION	N. THE
BUILDING PROGRAM IS COMMITTED TO ACCESSIBILITY AND UNIVER	SAL DESIGN
THAT CAN BE USED BY EVERYONE AND WILL INCLUDE A 2,200-SEA	T MAIN STAGE
INCLUDING CENTER AISLE(S), 300-SEAT FLEXIBLE PERFORMANCE	SPACE,
EDUCATION AND LIFE LONG LEARNING SPACES, MULTIPLE OUTDOOR	PUBLIC
PERFORMING SPACES, AND TECHNOLOGY THAT WILL ALLOW PERFORM	ANCES TO BE
SIMULCAST INTO THE PARK.	

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 WHICH WORKS TOGETHER TO

AGREE ON SALARY. COMPENSATION STUDIES AND OTHER NON-PROFITS' 990S WERE 132212 11-11-21 65 16270512 759428 39580 2021.05080 SARASOTA PERFORMING ARTS CE 39580_1

FOUNDATION INC. DBA VAN WEZEL FOUNDATION VIEWED AS A BASIS FOR SALARY. THE CEO IS GIVEN A WRITTEN E WITRACT. RM 990, PART VI, SECTION C, LINE 19: E ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF	oloyer identification numbe 59–2807055 MPLOYMENT
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	INTEREST POLIC
) FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUES	т.
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M 990, PART XII, LINE 2C AUDIT REVIEW PROCESS	
E PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	