



Florida Department of Agriculture & Consumer Services
Division of Consumer Services

**RENEWAL REGISTRATION STATEMENT
FOR CHARITABLE ORGANIZATIONS AND
SPONSORS**

SOLICITATION OF CONTRIBUTIONS ACT
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

For online payments, visit www.FDACS.gov
Make check payable to FDACS and remit application to:

FDACS
PO BOX 6700
TALLAHASSEE FL 32399

1-800-HELP-FLA (435-7352)
1-850-410-3800
Fax: 1-850-410-3804

NICOLE "NIKKI" FRIED
COMMISSIONER

Note: All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S.

SARASOTA INSTITUTE OF LIFETIME LEARNING, INC.

Registration Number: CH19092 Expiration Date: January 17, 2021 FEID Number: 59-2344325

In order for this applicant to continue to legally solicit in the state, registration must be renewed prior to the expiration date. Please return the forms with the appropriate registration fee and a copy of the Department's statement of revenue/support and expenses, the Internal Revenue Service Form 990 with all attached schedules, or the Internal Revenue Service Form 990-EZ and schedule 0, for the immediately preceding fiscal year, to the above address.

REGISTRATION FEES:

For contributions received the preceding fiscal year:	Fee
a. Less than \$5,000, with or without paid officers	\$ 10
b. \$25,000 or less, no compensated employees, no part of the assets or income inures to the benefit of any officer or member, or no professional solicitors/consultants	10
c. \$5,000 or more, but less than \$100,000	75
d. \$100,000 or more, but less than \$200,000	125
e. \$200,000 or more, but less than \$500,000	200
f. \$500,000 or more, but less than \$1,000,000	300
g. \$1,000,000 or more, but less than \$10,000,000	350
h. \$10,000,000 or more	400

Note: A parent organization filing on behalf of one or more chapters, branches, or affiliates shall total all contributions received by them to determine registration fees.

LATE FEES: A charitable organization or sponsor which fails to renew their registration by the annual due date should submit a late fee of \$25 for each month or part of a month after the expiration date.

1. Enclosed:
Registration fee of \$ \$ 125.⁰⁰
and late fee of \$ _____
(Include \$25 per month late fee, if applicable)

Solicitation of Contributions DTN: 3405003
Org Code: 42100625000
Object Code: 001133



2. Principal Street Address:

Name: SARASOTA INSTITUTE OF LIFETIME LEARNING, INC.

Street Address: 611 HARBOR SHORE DR 5220 SAND LAKE CT.

City, State and Zip: NOKOMIS, FL ~~34275-3427~~ SARASOTA, FL 34238 Phone: ~~941-365-6404~~ 847-476-9502

E-mail ~~mispottswood@gmail.com~~ Web site: mgreenwald374@gmail.com Fax:

3. Mailing Address (if different):

Name:

Street Address: 8499 S TAMiami TRL # 219

City, State and Zip: SARASOTA, FL 34238-2960 Phone:

4. Fictitious (DBA) Name:

5. Other name(s) soliciting as:

6. What is the purpose for which the organization is organized?

TO ORGANIZE AND CONDUCT A SERIES OF LECTURES ON MUSIC, POLITICAL AND HISTORICAL PROGRAMS OF PUBLIC INTEREST FOR THE GENERAL BENEFIT OF THE COMMUNITY.

What is the purpose for which the contributions will be used?

TO SUPPORT THE PRESENTATION OF THE LECTURE SERIES ON MUSIC, POLITICAL AND HISTORICAL PROGRAMS OF PUBLIC INTEREST FOR THE GENERAL BENEFIT OF THE COMMUNITY.

7. List or description of major program activities:

MUSIC LECTURE PROGRAM SERIES, GLOBAL ISSUES LECTURE PROGRAM SERIES.

8. IRS Tax exempt: 501(C)(3) If changed, enclose copy of IRS notice.

9. If applicant does not maintain an office in Florida, person with custody of financial records:

Name:

Street Address:

City, State, and Zip: Contact Phone:

10. Individuals or officers who have final responsibility for the custody of the contributions and who will be responsible for the final distribution of the contributions:

Name: MARSHALL GREENWALD

Street Address: 5220 SAND LAKE CT

City, State, and Zip: SARASOTA, FL 34238 Contact Phone: 847-476-9502

Name:

Street Address:

City, State, and Zip: Contact Phone:

11. Individual or officer who is in charge of solicitation activities:

Name: None
Street Address: _____
City, State, and Zip: _____ Contact Phone: _____

12. Is this charitable organization or sponsor authorized by another state to solicit contributions?

YES NO

13. Has the charitable organization or sponsor or any of its officers, directors, trustees, or principal executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

YES NO

14. Has the charitable organization or sponsor had its registration or authority denied, suspended, or revoked by any governmental agency?

YES NO If yes, the reasons for the denial, suspension, or revocation were:

15. Has the charitable organization or sponsor voluntarily entered into an assurance of voluntary compliance (AVC) or agreement similar to that set forth in s.496.420, Florida Statutes?

YES NO If yes, enclose a copy of the agreement.

16. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, found guilty of, pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony, or crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime arising from the conduct of a solicitation for a charitable organization or sponsor within the last 10 years?

YES NO

If yes, provide the following information for each individual: (Attach a separate sheet if necessary).

Name: _____
Nature of offense: _____ Date: _____
Court having jurisdiction: _____
Disposition of offense: _____ Date: _____

17. Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees been enjoined from violating any law relating to a charitable solicitation?

YES NO

Name: _____
Date of Injunction: _____
Court issuing the injunction: _____

18. Does the charitable organization or sponsor employ a Professional Solicitor?

YES NO If yes, complete Attachment A-1, and provide a copy of current contract.

19. Does the charitable or sponsor organization employ a Professional Fundraising Consultant?

YES NO If yes, complete Attachment A-2, and provide a copy of current contract.

20. Does the charitable organization or sponsor utilize a commercial co-venturer? [s. 496.405(2)(e), F.S.]

YES NO If yes, attach a copy of the current contract, and provide the following information for each. (attach additional sheets as necessary using the same format)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

() - _____

Date of Contract: _____

Beginning Date: _____ / _____ / _____
Month Day Year

End Date: _____ / _____ / _____
Month Day Year

NOTE: Any change to the responses provided to Questions 19 - 24 must be reported to the department within 10 days after the change occurs. (s. 496.405(1)(b), F.S.) The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at www.800helpfla.com.

21. Are you filing as a parent organization?

YES NO If yes, complete Attachment C.

22. If sponsor, answer the following:

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

a. Does the membership consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

YES NO

b. Total number of sponsor's members: _____

c. Total number of members actively employed as law enforcement or emergency service employees: _____

d. Percentage of total net contributions which are dispersed in the state on behalf of its members in the furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): _____ %

CONTACT PERSON

23. Person Responsible for completing renewal application.

Name: MARSHALL GREENWALD Telephone Number 847-476-9502 Email mgreenwald374@gmail.com

CERTIFICATION

I, MARSHALL GREENWALD, am the TREASURER
Name Title

of SARASOTA INSTITUTE OF LIFETIME LEARNING, INC.
Name of Organization or Company

And further state as follows: (Please check all that apply)

- I have read the registration application and know the contents thereof; and
- The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act;

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

Marshall Greenwald
Signature

MARSHALL GREENWALD
Printed Name

1-3-2021
Date

(847) 476 - 9502
Telephone Number

mgreenwald374@gmail.com
Email Address

FINANCIAL STATEMENT

24. Indicate the type of financial statement you are filing for the immediately preceding fiscal year: [s. 496.405(2)(a), FS]

- Budget (newly formed organizations only)
- Department's financial statement form.
- 990 and all attached schedules
- 990 - EZ and Schedule O
- 180 Day Extension requested for your financial report only. (Failure to file a financial statement within the 180 days will result in automatic suspension of your registration.) [s. 496.405(1)(d)2, FS]

25. Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit Yes No

26. Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] 06/30
Month / Day

27. I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

FINANCIAL STATEMENT

FISCAL YEAR ENDING 6/30/2019

(Please use department material change form if your organization's fiscal year ending changes.)

Is this a consolidated financial statement for chapters, branches, or affiliates? Yes No

NOTE: In lieu of using this financial statement you may send the IRS Form 990 and all attached schedules or the IRS Form 990EZ and Schedule O.

** IRS 990N E-Postcard and IRS 990-PF are not acceptable Financial Statements.

REVENUE

- 1. **Federated campaigns:**
(must provide a list of sources and amounts) 1. _____
- 2. **Government grants:**
(must provide a list of sources and amounts) 2. _____
- 3. **Program service revenue:** 3. _____
- 4. **Membership dues:** 4. _____
- 5. **Income from interest, dividends, etc.** 5. _____
- 6. **Income from investments & tax-exempt bond proceeds:** 6. _____
- 7. **Sale of assets other than inventory:**
 - a. Gross sales 7a. _____
 - b. Less sales expenses 7b. _____
 - c. Net gain or (loss) from sale of assets 7c. _____
- 8. **In-kind contributions (non-cash contributions):** 8. _____
- 9. **Royalties:** 9. _____
- 10. **Related organizations:** (Must provide a list of sources and amounts) 10. _____
- 11. **Net rental income:** 11. _____
- 12. **Sales of inventory**
 - a. Gross sales 12a. _____
 - b. Less: costs of goods sold 12b. _____
 - c. Net income or (loss) from inventory sales 12c. _____
- 13. **Income from fundraising events:**
 - a. Gross 13a. _____
 - b. Less: direct expenses 13b. _____
 - c. Net income or (loss) from fundraising events 13c. _____
- 14. **Income from gaming activities:**
 - a. Gross 14a. _____
 - b. Less: direct expenses 14b. _____
 - c. Net income or (loss) from gaming activities 14c. _____
- 15. **All other contributions, gifts, grants & similar amounts:** 15. _____
- 16. **TOTAL REVENUE** 16. _____
(Add lines 1,2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)

Statement of Functional Expenses

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B, C
Grants & allocations (cash _____ Non cash _____) Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employees				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
TOTAL EXPENSE:	(A)	(B)	(C)	TOTAL

EXPENSES:

- 17. Program services expenses, including payments to affiliates (Total of column A) 17. _____
 - 18. Management & general (Total of column B) 18. _____
 - 19. Fundraising (Total of column C) 19. _____
 - 20. TOTAL EXPENSES (add lines 17, 18 & 19) 20. _____
- NET ASSETS:**
- 21. Excess (or deficit) for the year (line 16 less line 20) 21. _____
 - 22. Net assets of fund balance at beginning of year 22. _____
 - 23. Net assets or fund balance at end of year (add lines 21 & 22) 23. _____

BALANCE SHEET:

	(A) Beginning of Year	(B) End of Year
Cash, savings and investments	_____	_____
Land and building	_____	_____
Other assets (describe on separate sheet)	_____	_____
Total assets	_____	_____
Total liabilities (describe on separate sheet)	_____	_____
Total assets or fund balance	(From Line 21) _____	(From Line 22) _____

Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. The certification below should be completed by the independent certified public accountant responsible for either reviewing or auditing the above financial statement.
[s. 496.407(1)(b), F.S.]

I certify that I am a CPA authorized to complete this Financial Statement.

Signature Printed Name Date

(_____) _____
Telephone Number Email Address

SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

Parent Organization Name _____ CH # _____

This form is required and may be reproduced to accommodate all affiliate locations. Additional pages may be attached if additional space is needed using the same format

1. Name:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____
 (_____) _____ - _____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____
 Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ _____
 Total payments to Chapter, Branch or Affiliate \$ _____

2. Name:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____
 (_____) _____ - _____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____
 Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ _____
 Total payments to Chapter, Branch or Affiliate \$ _____

3. Name:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____
 (_____) _____ - _____

Total contributions received in the name of Chapter, Branch or Affiliate \$ _____
 Total Administrative costs accessed by Parent to Chapter, Branch or Affiliate \$ _____
 Total payments to Chapter, Branch or Affiliate \$ _____

**ATTACHMENT A-1
List of Professional Solicitors**

Please list professional solicitor(s) soliciting on your behalf in Florida:

1. Name: None
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

**ATTACHMENT A-2
List of Professional Fundraising Consultants**

Please list professional consultant(s) acting on your behalf in Florida:

1. Name: None
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT B
Officers, Directors, Trustees, and Principal Executive Personnel

Please list officers, directors, trustees, and principal executive personnel:

Exemptions from public records apply to certain personal information about current or former law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers and guardians ad litem and their families. For a complete list of exemptions, see Section 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your home address and phone number below.

1. Last Name, First Name: COTNER, BETH Title: President
 Street Address: 5155 KESTRAL PARK LN Phone Number: 941-349-3687
 City, State, and Zip: SARASOTA, FL 34231-3239 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

2. Last Name, First Name: DEUTSCH, ROBERT Title: Vice President
 Street Address: 3125 RINGWOOD MDW Phone Number: 941-244-0661
 City, State, and Zip: SARASOTA, FL 34235-6913 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

3. Last Name, First Name: GERMAIN, ROBERT Title: Secretary
 Street Address: 4326 NATALE DR Phone Number: 941-492-5327
 City, State, and Zip: VENICE, FL 34293-7083 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

4. Last Name, First Name: GREENWALD, MARSHALL Title: Treasurer
 Street Address: 5226 SAND LAKE CT. Phone Number: 847-476-9502
 City, State, and Zip: SARASOTA, FL 34238 Compensated (Y/N): N
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

5. Last Name, First Name: _____ Title: _____
 Street Address: _____ Phone Number: _____
 City, State, and Zip: _____ Compensated (Y/N): _____
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

6. Last Name, First Name: _____ Title: _____
 Street Address: _____ Phone Number: _____
 City, State, and Zip: _____ Compensated (Y/N): _____
 Criminal History: Yes No
 Exempt from public records [s. 119.071(4), F.S.] Yes No

7. Last Name, First Name: _____ Title: _____

7. Last Name, First Name: _____ Title: _____
Street Address: _____ Phone Number: _____
City, State, and Zip: _____ Compensated (Y/N): _____
Criminal History: Yes No
Exempt from public records [s. 119.071(4), F.S.] Yes No

ATTACHMENT C
Florida Chapters, Branches or Affiliates

Please list Florida chapters, branches, or affiliates included in this registration:

1. Name: NONE
Address: _____
City, State, and Zip: _____ Phone: _____

2. Name: _____
Address: _____
City, State, and Zip: _____ Phone: _____

DISCLOSURE REQUIREMENTS

This notice serves as a reminder that the Solicitation of Contributions Act requires registered charities to conspicuously display their registration number and the disclosure statement below on every solicitation, confirmation, receipt, or reminder of a contribution, including websites. s. 496.411, F.S.

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The disclosure statement must include a toll-free number and website for the Division of Consumer Services which can be used to obtain the registration information.

1-800-HELP-FLA (435-7352)
www.FloridaConsumerHelp.com

If the solicitation occurs on a website, the statement must be conspicuously displayed on any webpage that identifies a mailing address where contributions are to be sent, identifies a telephone number to call to process contributions, or provides for online processing of contributions. If you have any concerns about where the registration number should be placed on your website, please call us at the number below.

MAILING ADDRESS

Please note that mail drops, physical addresses of UPS stores or other third party mail recipients are not considered principal addresses for a charity. A physical address of the charitable organization is required. Adherence to this requirement will reduce the number of deficiency letters and expedite the processing of applications.

We appreciate your cooperation. If you have any questions or require assistance, please contact us at 800-435-7352 or via email at charities@FDACS.gov. Failure to comply with these requirements could result in penalties up to \$5,000.

CONFLICT OF INTEREST CERTIFICATION

KJ 2876007

This will certify that Sarasota Institute of Lifetime Learning has adopted a policy regarding conflict of interest transactions. The policy has been read and is understood by all of the directors, officers and trustees of the organization.

NAME

SIGNATURE

MARSHALL GREENWALD

Marshall Greenwald