Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

and ending

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

В	Check if	C Name of organization		D Employer identi	fication number
ć	applicable				
	Addres	SEFARIA, INC.			
	Name change	Doing business as		46-4	1406454
L	Initial return			E Telephone numb	
	Final return/		H FL	347-	-804-6482
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,030,210.
Ļ	Ameno	NEW TORK, NI TOOIS		H(a) Is this a group	
	Application pendin	F Name and address of principal officer: DANTED SEFTIMOS			es? Yes X No
		14/ HUDSON STREET, 6TH FLOOR, NEW YORK,		H(b) Are all subordinates	
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)
		e: WWW. SEFARIA.ORG	- >/	H(c) Group exempti	
			L Year o	of formation: ZUI3	M State of legal domicile; D E
P		Summary	T D 3	DTCTMAT T	IDADV OF
Se		Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t BUI}$			
Activities & Governance		Check this box if the organization discontinued its operations or disposed			
Ver		Number of voting members of the governing body (Part VI, line 1a)			1 -
ဗွ		Number of independent voting members of the governing body (Part VI, line 1b)			
ە ە		Total number of individuals employed in calendar year 2016 (Part V, line 1a)			
itie		Total number of volunteers (estimate if necessary)			
ţ	7a	Total unrelated business revenue from Part VIII, column (C), line 12			
⋖		Net unrelated business taxable income from Form 990-T, line 34			
				Prior Year	Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)		2,694,997	
ž	9	Program service revenue (Part VIII, line 2g)		0 .	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0 .	
<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,450	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,696,447	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		561,597	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0 .	
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots		0.	-
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		14,355	0.
χĎ		Total fundraising expenses (Part IX, column (D), line 25) 181,849		706 000	2 641 604
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		786,292	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,362,244	
_ <u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~</u>		Revenue less expenses. Subtract line 18 from line 12			+
Net Assets or Fund Balances		Tabel access (Days V. Sina 10)	Ве	ginning of Current Year 1,667,910	
Asse Ball	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		27,640	
Net Ind	22	Net assets or fund balances. Subtract line 21 from line 20		1,640,270	
		Signature Block			2,020,,300
		lties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	ents, and to the best of r	ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which (preparer	has any knowledge.	
Sig	n	Signature of officer		Date	
Hei	re	DANIEL SEPTIMUS, EXECUTIVE DIRECTOR			
		Type or print name and title			D.T.W.
		Print/Type preparer's name Preparer's signature		ate Check	PTIN
Pai -		PHIL ROSENBERG		1/13/17 if self-emplo	
	parer	Firm's name ROSENBERG & MANENTE, PLLC		Firm's EIN ▶	20-4153538
Use	Only	Firm's address 12 W 32ND STREET, 10TH FL			10 562 0505
		NEW YORK, NY 10001		Phone no. 2	L2-563-2525
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2016) SEFARIA, INC.	46-4406454	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEFARIA, INC. (SEFARIA) IS BUILDING A DIGITAL LIBRARY		
	AND THEIR CONNECTIONS, IN HEBREW AND IN ENGLISH, TO T	RANSFORM JEWIS	H
	PUBLISHING, TECHNOLOGY, EDUCATION AND SCHOLARSHIP.		
2	Did the organization undertake any significant program services during the year which were not listed on to prior Form 990 or 990-EZ?	he X Yes	□ No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serving	ices?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,239,894 • including grants of \$)	(Revenue \$)
	SEFARIA IS BUILDING AND MAINTAINING A DIGITAL PLATFOR	M THAT LOWERS	THE
	BARRIERS OF ENGAGEMENT WITH JEWISH TEXTS, CREATES INT	ERACTIVE	
	OPPORTUNITIES FOR TEACHING AND LEARNING, AND PROVIDES	EDUCATORS,	
	SCHOLARS, AND TECHNOLOGISTS WITH AN OPEN SOURCE DATAE	BASE OF TEXTS TO	5
	MAKE NEW EDUCATIONAL APPLICATION SIMPLER AND MORE VIA	ABLE TO DEVELOP	•
	SEFARIA'S WORK INVOLVES DIGITIZING HEBREW TEXTS, ACQU		
	OF TEXTS AND DESIGNING AND ENGINEERING DIGITAL INTERF	ACES AND PRODUC	CTS
	FOR EXPLORING THEM.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 3,239,894.		

Form 990 (2016) SEFARIA, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		Х
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	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	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1 111	- 11	
ıza	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	4		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	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		Х
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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
	complete Schedule G, Part III	19		X

Form 990 (2016) SEFARIA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3,7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
	Part V, line 1	34		X
	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	05.		
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			y
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	Х	
	Note. All Form 990 filers are required to complete Schedule O	38	22	

Form 990 (2016) SEFARIA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

	Check if Schedule O contains a response of note to any line in this Part v					Ш
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				37	
	(gambling) winnings to prize winners?	 T	I	1c	Х	
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				v
	•			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-	4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		Λ
D	If "Yes," enter the name of the foreign country:	^ ^ ^ ^ ^ ^	ato (EDAD)			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			E-		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5a 5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
0a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t any contributions that were not tax deductible as charitable contributions?			6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribu			0a		
b	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			05		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices i	provided to the payor?	7a		х
	16/10/2 1/1/2		oroviada to tilo payor i	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v					
_	to file Form 8282?		•	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	ı			
	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:	١.,	ı			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
10-	amounts due or received from them.)	11b	1	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b	Í	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			isa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
J	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the commitment on a six a convenient for independent or a continue of the tax version		l	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		
	,					

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

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA, IL, MI, MD, MA, NJ, NY, PA		_	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DANIEL SEPTIMUS - 347-804-6482			

Form 990 (2016) SEFARIA, INC. 46-4406454 Page 7

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

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

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

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

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

Name and Title Average hours per week (list any hours for related organizations) below line) (1) JOSHUA FOER CHAIRMAN (2) MOSHE KOYFMAN TREASURER (3) BRETT LOCKSPEISER SECRETARY & CHIEF TECHNOLOGY OFFICER (4) FELICIA HERMAN TREASURER (5) ELANA STEIN HAIN DIRECTOR (5) ELANA STEIN HAIN DIRECTOR (6) JONATHAN KOSCHITZKY DIRECTOR (8) DANIEL SEPTIMUS Average hours per week than one officer and a director/trustee) of month officer in both an officer and a director/trustee) of the compensation from the organizations (W-2/1099-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/109-MISC) (W-2/10	Check this box if neither the organization nei	(B)	(C)				(D)	(E)	(F)		
hours per week (list any hours for related organizations below line) (1) JOSHUA FOER CHAIRMAN (2) MOSHE KOYFMAN TREASURER (3) BRETT LOCKSPEISER SECRETARY & CHIEF TECHNOLOGY OFFICER (4) FELICIA HERMAN DIRECTOR (5) ELANA STEIN HAIN DIRECTOR (6) JOSHUA KUSHNER DIRECTOR (7) JONATHAN KOSCHITZKY DIRECTOR (8) DANIEL SEPTIMUS A WEND A GREEN SCORE SOON A COMPENSATION from related organization from the organization (W-2/1099-MISC) (Compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) Compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) (W-2/1099-MISC) Compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) O . O . O . O . O . O . O . O			(40		Pos	ition					
Compensation Comp			box	, unle	ss pe	rson	is bot	h an			
CHAIRMAN			_	Jei ai		liecto	n/ ii us	100)			
CHAIRMAN			direct				p				
CHAIRMAN			tee or	ıstee			ensate			(** =* * * * * * * * * * * * * * * * * *	organization
CHAIRMAN			al trus	nal tr		loyee	comp				and related
CHAIRMAN			dividu	stitutio	ficer	yemp	ghest	rmer			organizations
CHAIRMAN	(1) JOSHUA FOER		트	Ë	5	- -	三里	요			
1.00		3.00	x		$ \mathbf{x} $			7	0.	0.	0.
TREASURER		1.00							•	•	
3 BRETT LOCKSPEISER			х		X				0.	0.	0.
(4) FELICIA HERMAN 1.00 DIRECTOR X (5) ELANA STEIN HAIN 1.00 DIRECTOR X (6) JOSHUA KUSHNER 1.00 DIRECTOR X (7) JONATHAN KOSCHITZKY 1.00 DIRECTOR X (8) DANIEL SEPTIMUS 40.00	(3) BRETT LOCKSPEISER	40.00									
DIRECTOR X	SECRETARY & CHIEF TECHNOLOGY OFFICER		Х		X				136,868.	0.	6,198
(5) ELANA STEIN HAIN DIRECTOR (6) JOSHUA KUSHNER DIRECTOR (7) JONATHAN KOSCHITZKY DIRECTOR (8) DANIEL SEPTIMUS 1.00 X 0. 0. 0. 0. 0. 0. 0. 0.	(4) FELICIA HERMAN	1.00							_		_
DIRECTOR X 0. 0.			Х						0.	0.	0.
(6) JOSHUA KUSHNER DIRECTOR (7) JONATHAN KOSCHITZKY DIRECTOR (8) DANIEL SEPTIMUS 1.00 X 0. 0. 0. 0.		1.00								•	•
DIRECTOR X 0. 0. (7) JONATHAN KOSCHITZKY 1.00		1 00	X						0.	0.	0 .
(7) JONATHAN KOSCHITZKY DIRECTOR X 0. 0. (8) DANIEL SEPTIMUS 40.00		1.00	7,7							0	0
DIRECTOR X 0. 0. (8) DANIEL SEPTIMUS 40.00		1 00	Δ.						0.	0.	0.
(8) DANIEL SEPTIMUS 40.00		1.00	v						ا م	n	0.
		40.00	<u> </u>						0.	0.	0 .
		10.00			x				218.000.	0.	0.
					 					•	
			ł								
					\vdash						
			-								
			1								
					t						

Га	Section A. Officers, Directors, Trus	stees, Key Em	imployees, and Highest Co				ıgne	st C	compensated Employe	es (continuea)					
	(A)	(B)		(C) Position					(D)	(E)			(F)		
	Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable		l	stimate		
		week		, unle cer ar					compensation from	compensation from related		l ai	mount other	OI	
		(list any	ctor						the	organization		con	npensa	ıtion	
		hours for	Individual trustee or director	gg.			ated		organization	(W-2/1099-MI	SC)	l	rom the		
		related organizations	ustee	Institutional trustee		9	ubeus		(W-2/1099-MISC)				ganizat ıd relat		
		below	dual tr	itional		nploye	st con					l .	anizati		
		line)	Individ	Institu	Officer	Key employee	Highest compensated employee	Forme							
												ĺ			
						<u> </u>						<u> </u>			
			-									ĺ			
							\vdash								
			1												
							L					<u> </u>			
			-												
			1		4			17							
			1			П									
1b	Sub-total							<u> </u>	354,868.		0.		6,1	98.	
С	Total from continuation sheets to Part V	II, Section A						ightharpoons	0.		0.			0.	
d	Total (add lines 1b and 1c)								354,868.		0.	<u> </u>	6,1	98.	
2	Total number of individuals (including but r	not limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	ole			_	
	compensation from the organization												Yes	No	
3	Did the organization list any former officer,	director or tri	icto	o ko	w or	mple		٥٢	highest componented o	mplovoo on	I		162	NO	
3	line 1a? If "Yes," complete Schedule J for s				-		-		mignest compensated e	•		3		Х	
4	For any individual listed on line 1a, is the su											Ť			
•	and related organizations greater than \$15	-		-					•	aro organization		4	х		
5	Did any person listed on line 1a receive or									idual for services	3				
	rendered to the organization? If "Yes," com											5		Х	
Sec	ction B. Independent Contractors														
1	Complete this table for your five highest co										npens	ation	from		
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir		year.					
	(A) Name and business	address							(B)	envices	_		(C)		
TTT	STWORKS	auuress						_	Description of s	DEI VICES	$\vdash \vdash$	ompe	ompensation		
	SIWOKKS 1 W 26 STREET NEW YORI	K NV 1	າດເ	1					PEO			83	7 6	24	

(A)
Name and business address

Description of services

151 W 26 STREET, NEW YORK, NY 10001
EXSOFTDINARY LTD, 31 HANEVI'IM STREET POB
7992, JERUSALEM, ISRAEL
YEUL SACHIR LTD, 16 KING GEORGE STREET,
3RD ENTRANCE, POB 7992, JERUSALEM, IS
EMPLOYMENT AGENCY

184,519.

\$100,000 of compensation from the organization

			2016) SEFAR		INC.				46-4406	454 Page 9
Pa	rt V	III	Statement of Reven	iue						
			Check if Schedule O conta	ains a res	sponse	or note to any lin				
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
Contributions, Giffs, Grants and Other Similar Amounts			Membership dues	Ī	1b					
A, C		С	Fundraising events		1c					
<u>≅</u> <u>₹</u>		d	Related organizations		1d					
in,		е	Government grants (contributi	ons)	1e					
ᅙᇃ		f	All other contributions, gifts, grant							
털			similar amounts not included above		1f 6 ,	029,640.				
ng d	!		Noncash contributions included in lines				C 020 C40			
<u>න්</u> ල		h	Total. Add lines 1a-1f				6,029,640.			
						Business Code				
Program Service Revenue	2									
iue		b								
E S		c d								
Real		u e								
P.			All other program service reve	nue						
			Total. Add lines 2a-2f			•				
	3		Investment income (including							
			other similar amounts)							
	4		Income from investment of tax							
	5		Royalties							
				(i) R		(ii) Personal				
	6	а	Gross rents							
			Less: rental expenses							
			Rental income or (loss)							
			Net rental income or (loss)							
	7		Gross amount from sales of	(i) Sec	urities	(ii) Other				
			assets other than inventory							
			Less: cost or other basis							
			and sales expenses							
			Gain or (loss) Net gain or (loss)							
•			Gross income from fundraising							
nue			including \$							
Other Revenue			contributions reported on line							
Σ			Part IV, line 18		а					
Ę.			Less: direct expenses							
U		С	Net income or (loss) from fund	raising e	vents					
	9		Gross income from gaming ac							
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from gam		ities	······ •				
	10		Gross sales of inventory, less							
			and allowances							
			Less: cost of goods sold							
		С	Net income or (loss) from sales		itory					
	11	_	Miscellaneous Revenue SPEAKING HONORA		S	Business Code 900099	360.			360.
			REDEMPTION OF C			900099	210.			210.
		C								
			All other revenue							
			Total. Add lines 11a-11d				570.			
	1						C 020 210		^	

0.

Total revenue. See instructions.

Form 990 (2016) SEFARIA, INC. Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a h	Management				
b	Legal Accounting	47,450.		47,450.	
4	Lobbying	11,1300		27,7200	
u و	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
_	column (A) amount, list line 11g expenses on Sch O.)	1,205,195.	879,856.	156,154.	169,185.
12	Advertising and promotion				
13	Office expenses	16,839.	12,293.	2,182.	2,364.
14	Information technology				
15	Royalties	<u> </u>	4 010	F10	
16	Occupancy	6,100.	4,910.	510.	680.
17	Travel	19,620.	12,050.	1,629.	5,941.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials			+	
19 20	Conferences, conventions, and meetings				
21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	10,818.		10,818.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	CONTENT ACQUISITIONS	1,938,379.			
b	CONTENT AND PRODUCT CON	228,178.	228,178.		
С	DIGITIZATION	128,305.	128,305.		
d	PROGRAM ENGAGEMENT	29,619.	29,619.	1 100	2 670
	All other expenses	11,181.	6,304. 3,239,894.	1,198. 219,941.	3,679. 181,849.
25	Total functional expenses. Add lines 1 through 24e	3,641,684.	3,433,034.	417,741.	101,043.
26	Joint costs . Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	II TOHOWING GOT 30-2 (MGC 300-720)				F 000 (004.0)

Form 990 (2016)

Part X | Balance Sheet

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		267,534.	1	1,284,614.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,394,210.	4	2,987,355
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ध		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
₹	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		6,166.	9	57,117
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line	11		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		1,667,910.	16	4,329,086
	17	Accounts payable and accrued expenses		27,640.	17	82,306
	18	Grants payable			18	
	19	Deferred revenue			19	217,984
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
≣		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unrela	_		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
				07 640	25	200 200
_	26	Total liabilities. Add lines 17 through 25		27,640.	26	300,290
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 an		245 762		040 017
au	27	Unrestricted net assets		245,762.	27	948,017.
Ba	28	Temporarily restricted net assets		1,394,508.	28	3,080,779.
밀	29				29	
년		Organizations that do not follow SFAS 117 (A	SC 958), check here ▶ ☐			
S O		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds		30		
As	31	Paid-in or capital surplus, or land, building, or ed	F		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in		1 640 270	32	1 020 700
-	33	Total net assets or fund balances		1,640,270.	33	4,028,796.
	34	Total liabilities and net assets/fund balances		1,667,910.	34	4,329,086.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	6,03	1,6	84.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,38		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,64	0,2	70.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,02	<u>8,7</u>	96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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 in Schedule			Yes	No
2a			2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	l on a			
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
С	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number SEFARIA, INC. 46-4406454 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Je	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")			637,424.	2,694,997.	6,030,210.	9,362,631.
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						
4	Total. Add lines 1 through 3			637,424.	2,694,997.	6,030,210.	9,362,631.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						9,362,631.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	, ,		637,424.	2,694,997.	6,030,210.	9,362,631.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				1,450.		1,450.
11	Total support. Add lines 7 through 10						9,364,081.
	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop						> X
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2016 (li	ine 6, column (f) d	ivided by line 11,	column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	າ			>
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances test						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						>
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a public	cly supported orga	nization	
18	Private foundation. If the organization						s ▶

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.)

Se	ction A. Public Support	siow, picase com	piete i uit ii.j				
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and			. ,			.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						,
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	(4) 20 12	(,, 25.15	(6) 25 1 1	(3,7 = 3 + 3	(0) = 0.10	(1)
	Gross income from interest,						
	dividends, payments received on	\					
	securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
•	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
_	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization	s first second this	rd fourth or fifth t	I av vear as a secti		zation
•	check this box and stop here	-			-		
Se	ction C. Computation of Publi						
	Public support percentage for 2016 (li			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						70
17	Investment income percentage for 20	16 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2016. If the					33 1/3%, and line	
	more than 33 1/3%, check this box ar	-					>
k	33 1/3% support tests - 2015. If the						and
	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization			•		•	N

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 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.)

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
n 9	90 or 99	90-EZ)	2016

Pai	rt IV Supporting Organizations (continued)			
	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			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	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ns).		
а				
b			,	
C		; instructions		NI.
2	Activities Test. <i>Answer (a) and (b) below.</i>		Yes	No
а				
	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.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
	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? <i>Provide details in Part VI.</i>	За		
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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	j Orga	ınizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must con	nplete S	Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ited Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Par		(a)(3) Supporting Org	anizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	· · ·		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
	DICARGOWITOTING 1.			
a	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
<u>е</u>	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

		mental	Inform	nation. P	rovide th	e explanat	ions require	ed by Part	II. line 10: P	art II, line 17a or 17b; F	Part III. line 12:
Pa	rt IV, S	ection A, I	ines 1, 2	2, 3b, 3c, 4	b, 4c, 5a	a, 6, 9a, 9b,	, 9c, 11a, 1	1b, and 11	Ic; Part IV, S	ection B, lines 1 and 2	; Part IV, Section C,
line	e 1; Pa	rt IV, Secti	ion D, lir	nes 2 and 3	3; Part IV	, Section E	, lines 1c, 2	a, 2b, 3a,	and 3b; Part	: V, line 1; Part V, Secti t for any additional info	on B, line 1e; Part V,
(Se	e instr	uctions.)	o, and o	, and rait v	r, oectio	11 L, III 163 Z	., o, and o.	-130 COMP	nete triis pai	tion any additional line	ination.
SCHEDULE	: А,	PART	II,	LINE	10,	EXPLA	NATIO	N FOR	OTHER	INCOME:	
SPEAKING											
<u> </u>											

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

46-4406454 SEFARIA, INC. Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
• •	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\text{\$\circ}}{\text{\$\circ}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \
· ·	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

SEFARIA, INC.

46-4406454

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	THE WILLIAM DAVIDSON FOUNDATION 3155 W BIG BEAVER RD, SUITE 250 TROY, MI 48084	\$_4,500,000.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZIP + 4 JEWISH COMMUNAL FUND 575 MADISON AVE, SUITE 703 NEW YORK, NY 10022	\$ 420,189.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	YAD HANADIV 4 GEORGE WASHINGTON STREET JERUSALEM, ISRAEL 9418704	\$ 560,000.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, audi 655, dilu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

 $\frac{\mbox{Schedule B (Form 990, 990-EZ, or 990-PF) (2016)}}{\mbox{Name of organization}}$ Employer identification number

SEFARIA, INC.

46-4406454

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
600450 10 10			000 000-F7 or 000-PF\/2016\

Name of organization Employer identification number 46-4406454 SEFARIA, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization

46-4406454 SEFARIA, INC.

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		as or Accounts. Complete if the
	, , , , , , ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ec	ducation) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struc	cture
	listed in the National Register		2d
	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located >	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conser	vation easements during the year
	> \$		
	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describe	s the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	·	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue stat	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furthe	rance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue stateme	ent and balance sheet works of art, historica
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of p	public service, provide the following amount
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financ	sial gain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990. Part X		> \$

Par	t III Organizations Maintaining C	ollections of Ar	rt, Historical 1	Treasures, or	Other	Simila	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check any of th	ne following that a	re a sign	ificant ι	use of its	collection i	tems
	(check all that apply):								
а	Public exhibition	d	Loan or ex	kchange programs	6				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	n how they furthe	r the organization'	s exemp	t purpo	se in Par	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's	collection?				Yes	O No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizat	tion answered "Ye	s" on Fo	rm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for contributi	ons or other asset	s not inc	cluded			
	on Form 990, Part X?							Yes	O No
b	If "Yes," explain the arrangement in Part XIII a								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or	custodial account	t liability	?		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has be	en provided on Pa	rt XIII				
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on	Form 990, Part IV,	, line 10.				
	·	(a) Current year	(b) Prior year	(c) Two years b	ack (d)	Three ye	ears back	(e) Four ye	ars back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g, column	(a)) held as:	•				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	7						
С	Temporarily restricted endowment ▶								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses		ation that are held	and administered	d for the	organiz	ation		
	by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as requir	red on Schedule F	??				3b	
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11a	. See Form 990, P	art X, lin	e 10.			
	Description of property	(a) Cost or of	ther (b) Co	st or other	(c) Accu	ımulate	d	(d) Book v	alue
		basis (investn	nent) bas	is (other)	depre	ciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other								
	. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line	e 10c.)			•		0.

Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) Total (Col. (h) must equal Form 000, Part V. col. (P) line 12.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.				
	n Form 000 Port IV	line 11a See Form 000	Dort V line 12	
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value			d-of-year market value
(1)	(2) 20011 14.60	(c) memor or		a or your marries raide
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 990, Part IV	, line 11d. See Form 990	, Part X, line 15.	
(a) D	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>	
Part X Other Liabilities.	5 000 D 1 11		000 5 13/ 11 0	_
Complete if the organization answered "Yes" o	n Form 990, Part IV		m 990, Part X, line 25	o.
		(b) Book value	_	
(1) Federal income taxes			_	
(2)			_	
(3)			_	
(4)			_	
(5)			_	
<u>(6)</u>				
(7)				
(8)				
(9)	25.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Part	XI Reconciliation of Revenue per Audited Financial St		ue per Return	-
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1 T	otal revenue, gains, and other support per audited financial statements		1	6,030,210.
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:			
	let unrealized gains (losses) on investments			
b [onated services and use of facilities	2b		
c F	ecoveries of prior year grants	2c		
d C	Other (Describe in Part XIII.)	2d		_
e A	dd lines 2a through 2d		2e	0.
3 S	ubtract line 2e from line 1		3	6,030,210.
4 4	mounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
b C	Other (Describe in Part XIII.)	4b		_
c A	dd lines 4a and 4b		4c	0.
	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			6,030,210.
Part	XII Reconciliation of Expenses per Audited Financial S	<u>-</u>	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I			
1 T	otal expenses and losses per audited financial statements		1	3,641,684.
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25:	4 1		
a D	onated services and use of facilities	2a		
b F	rior year adjustments	2b		
c C	other losses	2c		
d C	Other (Describe in Part XIII.)	2d		
e A	dd lines 2a through 2d	,	2e	0.
3 S	ubtract line 2e from line 1		3	3,641,684.
	mounts included on Form 990, Part IX, line 25, but not on line 1:			
a Ir	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
b 0	other (Describe in Part XIII.)	4b		
c A	dd lines 4a and 4b		4c	0.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	3,641,684.
	XIII Supplemental Information.			
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 1 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part	X, line 2; Part XI,
PART	X, LINE 2:			
SEF	ARIA, INC. HAS DETERMINED THAT THERE	ARE NO MATERIAI	L UNCERTA	IN TAX
POSI	TIONS THAT REQUIRE RECOGNITION OR DI	SCLOSURE IN THI	E FINANCIA	AL
STAT	EMENTS. PERIODS ENDED DECEMBER 31, 2	013 AND SUBSEQU	JENT REMA	IN SUBJECT
TO E	EXAMINATION BY APPLICABLE TAXING AUTHOR	ORITIES.		

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Part I

SEFARIA, INC.

Questions Regarding Compensation

Employer identification number 46-4406454

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee			
	Independent compensation consultant Compensation survey or study			
	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:			v
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only continue 504(a)(2), 504(a)(4), and 504(a)(00) arranizations may be considered lines 5.0			
_	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:			Х
	The organization?	5a		X
D	Any related organization?	5b		
_	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:	6-		Х
	The organization?	6a 6b		X
D	Any related organization?	ab		1
7	If "Yes" on line 6a or 6b, describe in Part III.			
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	x	
	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 SEFARIA, INC. 46-4406454

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-MI	SC compensation	compensation (C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) DANIEL SEPTIMUS	(i)	193,000.	25,000.	0.	0.	0.	218,000.	0.
EXEUCTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			4				
	(i)							
	(ii)							
	(i) (ii)							
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	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
BONUSES ARE DETERMINED BY THE BOARD BASED UPON AN EMPLOYEES
CONTRIBUTION TO THE ORGANIZATION.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SEFARIA, INC.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** 46-4406454

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATION, PUBLISHING, TECH AND SCHOLARSHIP. FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: SEFARIA IS BUILDING AND MAINTAINING A DIGITAL PLATFORM THAT LOWERS THE BARRIERS OF ENGAGEMENT WITH JEWISH TEXTS, CREATES INTERACTIVE OPPORTUNITIES FOR TEACHING AND LEARNING, AND PROVIDES EDUCATORS, SCHOLARS, AND TECHNOLOGISTS WITH AN OPEN SOURCE DATABASE OF TEXTS TO MAKE NEW EDUCATIONAL APPLICATION SIMPLER AND MORE VIABLE TO DEVELOP. SEFARIA'S WORK INVOLVES DIGITIZING HEBREW TEXTS, ACQUIRING TRANSLATIONS OF TEXTS AND DESIGNING AND ENGINEERING DIGITAL INTERFACES AND PRODUCTS FOR EXPLORING THEM. FORM 990, PART VI, SECTION B, LINE 11B: THE CHAIRMAN OF THE BOARD, TREASURER OF THE BOARD, AND THE EXECUTIVE DIRECTOR REVIEW THE 990 BEFORE IT IS FILED. ALL MEMBER OF THE BOARD ARE GIVEN AN ELECTRONIC COPY OF THE FORM 990.

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

IN 2015, SEFARIA HAD A CONFLICT OF INTEREST POLICY; HOWEVER, IT WAS NOT FORMALLY MONITORED. IN 2016, THE BOARD REQUIRED THAT EVERY MEMBER DISCLOSES IN WRITING ANY POTENTIAL CONFLICT OF INTEREST.

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

AS OF 2016, BOARD DETERMINES THE COMPENSATION OF THE EXCEUTIVE DIRECTOR.

Name of the organization **Employer identification number** SEFARIA, INC. 46-4406454 THE EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION OF THE STAFF. FORM 990, PART VI, SECTION C, LINE 19: SEFARIA DOES NOT MAKE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. SEFARIA'S 990 IS AVAILABLE ON GUIDESTAR, ON THE ORGANIZATION'S WEBSITE AND AVAILABLE UPON REQUEST. FOR EXAMPLE, A FOUNDATION OR OTHER INTERESTED PARTY, WANTS TO SEE SEFARIA'S FINANCIALS, INCLUDING AUDITS, THEY ARE SHARED. FORM 990, PART IX, LINE 11G, OTHER FEES: LEASED EMPLOYEES: PROGRAM SERVICE EXPENSES 879,856. MANAGEMENT AND GENERAL EXPENSES 156,154. FUNDRAISING EXPENSES 169,185. TOTAL EXPENSES 1,205,195. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 1,205,195. LEASED EMPLOYEES, FORM 990 PART IX, LINE 11G PRIOR YEAR, THE ORGANIZATION HAD EMPLOYEES AND ISSUED W-2'S. IN 2016, THE ORGANIZATION LEASED EMPLOYEES FROM AN PEO, JUSTWORKS. THEREFORE IN 2016 THE ORGANIZATION'S COMPENSATION APPEARS ON PART IX LINE 11G. IN 2015 THE ORGANIZATIONS COMPENSATION APPEARED ON PART IX LINES 5 AND 7. 990 PART XII 2C THE PROCESS DID NOT CHANGE FROM PRIOR YEAR