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# Return of Organization Exempt From Income Tax

## 2014

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.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning January 1, 2014, and ending December 31, 20 14

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization North Carolina Holocaust Foundation  
 Doing business as North Carolina Holocaust Foundation  
 Number and street (or P O box if mail is not delivered to street address) Room/suite  
5704 Crooked Stick Trail  
 City or town, state or province, country, and ZIP or foreign postal code  
Raleigh, NC 27612

**D** Employer identification number 56-1691582

**E** Telephone number 919-787-9939

**F** Name and address of principal officer  
Michael Abramson - 5704 Crooked Stick Trail, Raleigh, NC 27612

**G** Gross receipts \$ 63,411 63

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ www.ncpublicschools.org/holocaust-council

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1990

**M** State of legal domicile NC

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The primary purpose of the NC Holocaust Foundation is to educate North Carolinians on the historical importance and lessons learned from the Holocaust. We accomplish this mission by the use of teacher workshops, traveling exhibits, and Holocaust survivor speaking engagements.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>4</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>4</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>\$0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>\$0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>\$82,517.00</b>	<b>\$58,407 80</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>\$0</b>	<b>\$0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>\$107.76</b>	<b>\$5,003 83</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>\$0</b>	<b>\$0</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>\$82,624.76</b>	<b>\$63,411 63</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>\$1,650.00</b>	<b>\$892 00</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>\$0</b>	<b>\$0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>\$0</b>	<b>\$0</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>\$0</b>	<b>\$0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>\$267.08</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>\$41,622.88</b>	<b>\$29,731.53</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>\$43,272.88</b>	<b>\$30,623 53</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>\$39,351.88</b>	<b>\$32,788.10</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>\$119,440.11</b>	<b>\$148,002 50</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>\$0</b>	<b>\$0</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>\$119,440 11</b>	<b>\$148,002.50</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Michael J. Abramson Date: March 12, 2015  
 Type or print name and title: Michael Abramson, Chairman

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check  if self-employed PTIN: \_\_\_\_\_

Firm's name ▶: \_\_\_\_\_ Firm's EIN ▶: \_\_\_\_\_  
 Firm's address ▶: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2014)

SCANNED MAR 9 2015

RECEIVED  
MAR 23 2015  
OGDEN, UT IRS/OSC

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

The mission of the North Carolina Holocaust Foundation is fivefold: (1) to educate North Carolinians on the historical importance of the Holocaust, (2) to educate North Carolinians on the lessons learned from the Holocaust, (3) to remember and commemorate those individuals who perished due to planned and systematic Nazi persecution, (4) to remember and honor the liberators in the Holocaust, and (5) to reflect upon genocidal events happening around the world today and to call for action

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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 services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: WRKSHP ) (Expenses \$ 14,938.01 including grants of \$ ) (Revenue \$ )

The Teacher Workshops consist of North Carolina public school teachers meeting with (1) a university professor to learn about European anti-Semitism and the events leading to the 1932 election of the Nazi Party, (2) a former public school teacher to learn how to teach the Holocaust to middle school and high school students, and (3) a Holocaust survivor to hear a first-hand account and experience of suffering and surviving the Holocaust. The overall themes of the workshops are (1) to explain why the teaching of the Holocaust is relevant and important and (2) to provide teachers with the skills and methods to teach students how to understand the lives and circumstances of others, and how to empathize and appreciate, rather than fear, differences among people.

The \$14,938.01 include (1) hotel, honorarium, travel (gas mileage reimbursement), and food expenses for the speakers and (2) the copy expense for teacher handouts. The Foundation conducted a total of six (6) workshops in the spring of 2014 and the fall of 2014. NOTE: travel expenses for workshop participants totalled \$1,196.69 and will be reflected on Part IX, Line #17; see also Schedule O, page 3, notation for Part IX, Line #17: Travel.

4b (Code: EXHBTS ) (Expenses \$ 5,092.22 including grants of \$ ) (Revenue \$ )

The Traveling Exhibits consist of Holocaust exhibits that travel throughout the state. There are eight exhibits: four (4) "Dr. Seuss Goes to War" exhibits, two (2) "Kindertransport" exhibits, one (1) "Triumph of Will" exhibit, and (1) "Butterflies, Fences and Walls" exhibit. These exhibits are displayed in schools, libraries, and community centers. Recommended lesson plans, books, and DVDs accompany the exhibits. Many times a Holocaust survivor speaks at a school around the same time the exhibit is there.

The \$5,092.22 include (1) the travel (gas reimbursement) for the person transporting the exhibit, (2) an honorarium for five individuals who coordinated, scheduled, and drove the exhibits, and (3) costs to repair the exhibits. NOTE: travel expenses for the exhibitors totalled \$1,675.00 and will be reflected on Part IX, Line #17; see also Schedule O, page 3, notation for Part IX, Line #17: Travel.

4c (Code: MEETINGS ) (Expenses \$ 2,400.75 including grants of \$ ) (Revenue \$ )

Meetings were held to plan North Carolina Holocaust Foundation (Foundation) events. The \$2,400.75 include reimbursement to meeting participants for teacher sub pay (if the meeting participant was a teacher), food and gas reimbursement. NOTE: travel expenses for meeting participants totalled \$968.23 and will be reflected on Part IX, Line #17; see also Schedule O, page 3, notation for Part IX, Line #17: Travel

4d Other program services (Describe in Schedule O.) (Expenses \$ 8,192.55 including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶ \$30,623.53

**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 . . . . .	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		✓
4	<b>Section 501(c)(3) organizations.</b> 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 . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		✓
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 . . . . .		✓
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 . . . . .		✓
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .		✓
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 . . . . .		✓
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		✓
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
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. . . . .		✓
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 . . . . .		✓
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. . . . .		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		✓
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 . . . . .		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		✓

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>		✓
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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		✓
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		✓
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? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		✓
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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		✓
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):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
c	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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .		✓

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values. Includes questions about Form 1096, Form W-2G, Form W-3, unrelated business income, foreign accounts, tax shelter transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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. <span style="float:right">1a 4</span>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent <span style="float:right">1b 4</span>		
<b>2</b>	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? . . . . .		✓
<b>3</b>	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? . . . . .		✓
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		✓
<b>6</b>	Did the organization have members or stockholders? . . . . .		✓
<b>7a</b>	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? . . . . .		✓
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		✓
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
<b>a</b>	The governing body? . . . . .	✓	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	✓	
<b>9</b>	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. . . . .	✓	

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		✓
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		✓
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		✓
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		✓
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		✓
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .		✓
<b>b</b>	Other officers or key employees of the organization . . . . .		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		✓
<b>b</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? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **we only send to the federal IRS**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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, and financial 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: ►  
**Michael Abramson 5704 Crooked Stick Trail Raleigh, NC 27612**

**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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael Abramson, Chairman	20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					\$0	\$0	\$0
(2) Mitch Rifkin, Vice Chairman	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					\$0	\$0	\$0
(3) Shelly Weiner	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					\$0	\$0	\$0
(4) Rosemary Horowitz	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					\$0	\$0	\$0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>							\$0	\$0	\$0	
<b>c Total from continuation sheets to Part VII, Section A</b>							\$0	\$0	\$0	
<b>d Total (add lines 1b and 1c)</b>							\$0	\$0	\$0	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		✓
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> \$12,100.00				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> \$32,444.00				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> \$13,863.80				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		\$58,407.80			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2a</b> . . . . .					
	<b>b</b> . . . . .					
	<b>c</b> . . . . .					
	<b>d</b> . . . . .					
	<b>e</b> . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		\$3,607.17			
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>b</b> Less rental expenses . . . . .					
	<b>c</b> Rental income or (loss) . . . . .					
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		\$104,002.29				
	<b>b</b> Less. cost or other basis and sales expenses . . . . .	\$102,605.63				
	<b>c</b> Gain or (loss) . . . . .	\$1,396.66				
	<b>d</b> Net gain or (loss) . . . . . ▶		\$1,396.66			
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events . . . . . ▶						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> . . . . .						
<b>b</b> . . . . .						
<b>c</b> . . . . .						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12 Total revenue.</b> See instructions. . . . . ▶		\$63,411.63				

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 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 . . . . .	\$892.00	\$892.00		
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 Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	\$50.00		\$50.00	
d Lobbying . . . . .				
e Professional fundraising services See Part IV, line 17				
f Investment management fees . . . . .				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
12 Advertising and promotion . . . . .				
13 Office expenses . . . . .	\$137.83	\$137.83		
14 Information technology . . . . .				
15 Royalties . . . . .				
16 Occupancy . . . . .				
17 Travel . . . . .	4,888.97	4,621.89		267.08
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings . . . . .	\$2,101.02	\$2,101.02		
20 Interest . . . . .				
21 Payments to affiliates . . . . .				
22 Depreciation, depletion, and amortization . . . . .				
23 Insurance . . . . .				
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.)				
a Workshops	\$13,741.32	\$13,741.32		
b Traveling Exhibits	\$3,417.22	\$3,417.22		
c Statewide Commemoration	\$2,000.69	\$2,000.69		
d Holocaust Writing, Music and Art Contest	\$1,541.59	\$1,541.59		
e All other expenses see Schedule O	\$1,852.89	\$1,852.89		
25 Total functional expenses. Add lines 1 through 24e	\$30,623.53	30,306.45	\$50.00	\$267.08
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>\$46,114.30</b>	<b>1</b>	<b>\$73,898.57</b>
	<b>2</b> Savings and temporary cash investments . . . . .	<b>\$73,325.81</b>	<b>2</b>	<b>\$50,588.73</b>
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less. accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	<b>\$23,515.20</b>
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		<b>\$119,440.11</b>	<b>16</b>	<b>\$148,002.50</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			<b>25</b>	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		<b>\$0</b>	<b>26</b>	<b>\$0</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .		<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .		<b>\$119,440.11</b>	<b>33</b>	<b>\$148,002.50</b>
<b>34</b> Total liabilities and net assets/fund balances . . . . .		<b>\$119,440.11</b>	<b>34</b>	<b>\$148,002.50</b>

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	\$63,411 63
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	\$30,623 53
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	\$32,788 10
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	\$119,440.11
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-\$4,225 71
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	\$148,002 50

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2014**

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](http://www.irs.gov/form990).

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization <b>North Carolina Holocaust Foundation</b>	Employer identification number <b>56-1691582</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  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: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  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)(vii)**. (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **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.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	\$40,940.00	\$51,497.00	\$54,601.00	\$82,517.00	\$58,408.00	\$287,963.00
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	\$40,940.00	\$51,497.00	\$54,601.00	\$82,517.00	\$58,408.00	\$287,963.00
<b>5</b> 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) . . . . .						\$128,337.61
<b>6 Public support.</b> Subtract line 5 from line 4.						\$159,625.39

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	\$40,940.00	\$51,497.00	\$54,601.00	\$82,517.00	\$58,408.00	287,963.00
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	\$763.63	\$692.39	\$138.88	\$107.76	\$3,607.17	\$5,309.83
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	0	0	0	0	\$1,396.66	\$1,396.66
<b>11 Total support.</b> Add lines 7 through 10						\$294,669.49
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	54.2 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	54.3 %
<b>16a 33 1/3% support test—2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

**North Carolina Holocaust Foundation**

Employer identification number

**56-1691582**

**Part III, Line 4d. Other Program Services Expenses**

Total program service expenses were the same as total functional expenses: \$30,623.53 (see Part I, line 18, and Part IX, Line 25). After subtracting the expenses for the three largest expenditures (Workshops at \$14,938.01; Exhibits at \$5,092.22 and Meetings at \$2,400.75), there are \$8,192.55 of other program expenses remaining. The following expenditures comprise the \$8,192.55:

o Statewide Holocaust Commemoration	\$2,000.69
o Statewide Holocaust Writing, Music and Art Contest	\$1,541.59
o The Touring Theatre of North Carolina	\$1,200.00
o Travel for Holocaust Speaking Engagements	\$ 781.97
o Conferences (Social Studies, Media, English, NC Art Museum)	\$ 668.50
o Grant to Appalachian State University Holocaust Summer Symposium	\$ 500.00
o Grant to NCCAT Holocaust Programs	\$ 392.00
o Etty Play, Inc. to present the play "Etty" on one occasion	\$ 300.00
o Fund Raising Expenses for a Wells Fargo event	\$ 267.08
o Books and DVDs for Schools	\$ 225.00
o Flowers and Memorial Gifts	\$ 127.89
o Postage	\$ 119.38
o Accountant Review	\$ 50.00
o Printing New Checks	\$ 18.45

**Part VI, Line 9 Any officer of the North Carolina Holocaust Foundation who cannot be reached at the organization's mailing address**

<b>Mitch Rifkin, Vice Chairman</b>	<b>Shelly Weiner</b>	<b>Rosemary Horowitz</b>
4321 Quail Hunt Lane	216 Manchester Place	P.O. Box 2853
Charlotte, NC 28226	Greensboro, NC 27410	Boone, NC 28607

Name of the organization <b>North Carolina Holocaust Foundation</b>	Employer identification number <b>56-1691582</b>
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**Part VI, Line 11b: Description of process for review of Form 990**

The Chairman of the North Carolina Holocaust Foundation completes the Form 990, Schedule O, and Schedule A. The Chairman, and he alone, is responsible for the accuracy and completeness of all information reported on the Form 990, Schedule O, and Schedule A. The Chairman, and he alone, is responsible for any mistakes or omissions on the Form 990, Schedule O, and Schedule A. The Chairman reviews the cash flow (income and expenses) on a monthly basis with the Vice Chairman. The Chairman reviews the cash flow (income and expenses) on a quarterly basis with the other two board members as well as with the Vice Chairman.

**Part VI, Line 15a and 15b: Determining compensation**

There is no compensation provided for any officer of the North Carolina Holocaust Foundation.

**Part VI, Line 18: Making the Form 990 publicly available**

On its website, the North Carolina Holocaust Foundation states that anyone interested in reviewing the Form 990 can contact the Chairman.

**Part VI, Line 19: Making governing documents and financial statements available to the public.**

On its website, the North Carolina Holocaust Foundation states that anyone interested in reviewing the Form 990 can contact the Chairman.

**Part VII, Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

No one is compensated while working on services and programs for the North Carolina Holocaust Foundation.

**Part VII, Section B: Independent Contractors**

- There were two (2) independent contractors who performed work for the North Carolina Holocaust Foundation in 2014:
- o Peter Stein - 302 Columbia Place East, Chapel Hill, NC 27516 - \$5,200.00 - instructor at the teacher workshops
  - o Lynda Moss - 123 Vintage Ave., Winston-Salem, NC 27127 - \$3,050.00 - administrator and instructor at the teacher workshops

Name of the organization

Employer identification number

North Carolina Holocaust Foundation

56-1691582

**Part IX, Line 1: Grants and other assistance to governments and organizations in the United States**

There were two (2) grants the North Carolina Holocaust Foundation provided that totalled \$892.00:

## o Appalachian State University Center for Judaic, Holocaust &amp; Peace Studies

Holocaust Summer Symposium (23-7099379) \$ 500.00

o NCCAT Holocaust Programs (56-1884667) \$ 392.00

**Part IX, Line 13: Office Expenses**

o Postage \$ 119.38

o Printing New Checks \$ 18.45

TOTAL \$ 137.83

**Part IX, Line 17: Travel**

o Traveling Exhibits \$1,675.00

o Workshops \$1,196.69

o Council Meetings \$ 968.23

o Holocaust Speaking Engagements \$ 781.97

o Fund Raising for Wells Fargo Event \$ 267.08

TOTAL \$4,888.97

**Part IX, Line 19: Conferences, Conventions, and Meetings**

o Council Meetings without travel \$1,432.52

o Conference fees \$ 400.00

o Copies for handouts and flyers \$ 268.50

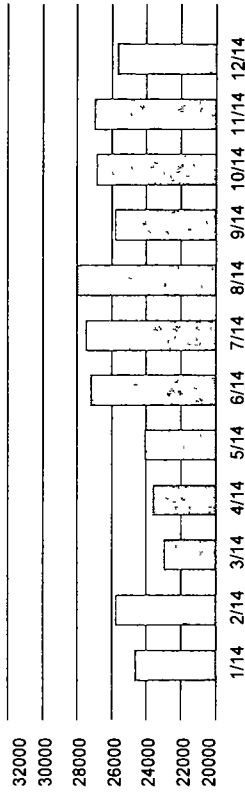
TOTAL \$2,101.02



Schwab One® Account of  
**NORTH CAROLINA HOLOCAUST FOUND**

Account Number  
**5606-9309** Statement Period  
**December 1-31, 2014**

Change in Account Value	This Period	Year to Date	Account Value (\$) Over Last 12 Months
<b>Starting Value</b>	<b>\$ 27,018.47</b>	<b>\$ 25,000.00</b>	
Cash Value of Purchases & Sales	0 00	(26,344 25)	
Investments Purchased/Sold	0 00	26,344 25	
Deposits & Withdrawals	0 00	0 00	
Dividends & Interest <sup>z</sup>	319.51	3,569 53	
Fees & Charges	0 00	0 00	
Transfers	0 00	0 00	
Income Reinvested	0 00	0 00	
Change in Value of Investments	(1,597 50)	(2,829 05)	
<b>Ending Value on 12/31/2014</b>	<b>\$ 25,740.48</b>	<b>\$ 25,740.48</b>	



Asset Composition	Market Value	% of Account Assets	Overview	Gain or (Loss) Summary
Deposit Accounts <sup>x,z</sup>	\$ 2,225 28	9%		<b>Realized Gain or (Loss) This Period</b>
Other Assets	23,515 20	91%		Short Term \$0.00
<b>Total Assets Long</b>	<b>\$ 25,740.48</b>			Long Term \$0.00
				<b>Unrealized Gain or (Loss)</b>
				All Investments \$(4,225 71)

9% Deposit Accounts [X,Z]  
 91% Other Assets

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.



Schwab One® Account of  
**NORTH CAROLINA HOLOCAUST FOUND**

Account Number  
**5606-9309**

Statement Period  
**December 1-31, 2014**

This Period Year to Date

	Federally Tax-Exempt	Federally Taxable	Federally Tax-Exempt	Federally Taxable
Income Summary				
Deposit Accounts Interest	0.00	0.01	0.00	0.19
Cash Dividends	0.00	319.50	0.00	3,569.34

**Investment Detail - Deposit Accounts**

Deposit Accounts	Market Value	% of Account Assets
Deposit Accounts XZ	2,225.28	9%

**Investment Detail - Other Assets**

Other Assets	Quantity	Market Price	Market Value	Cost Basis	% of Account Assets	Unrealized Gain or (Loss)	Estimated Yield	Estimated Annual Income
ARMOUR RESIDENTIAL REIT	6,390.0000	3.6800	23,515.20	27,740.91	91%	(4,225.71)	16.30%	3,834.00
REIT								
SYMBOL ARR								

Schwab has provided accurate gain and loss information wherever possible for most investments. Cost basis data may be incomplete or unavailable for some of your holdings. Please see "Endnotes for Your Account" section for an explanation of the endnote codes and symbols on this statement.



Schwab One® Account of  
**NORTH CAROLINA HOLOCAUST FOUND**

Account Number  
**5606-9309**

Statement Period  
**December 1-31, 2014**

*Estimated Annual Income ("EAI") and Estimated Yield ("EY") calculations are for informational purposes only. The actual income and yield might be lower or higher than the estimated amounts. EY is based upon EAI and the current price of the security and will fluctuate. For certain types of securities, the calculations could include a return of principal or capital gains in which case EAI and EY would be overstated. EY and EAI are not promptly updated to reflect when an issuer has missed a regular payment or announced changes to future payments, in which case EAI and EY will continue to display at a prior rate.*

[REDACTED]

[REDACTED]

**Transaction Detail - Dividends & Interest (including Money Market Fund dividends reinvested)**

Transaction Process	Date	Activity	Description	Credit/(Debit)
	12/15/14	Bank Interest <sup>X,Z</sup>	BANK INT 111614-121514	0 01
	12/30/14	Cash Dividend	ARMOUR RESIDENTIAL REIT ARR	319 50

[REDACTED]

[REDACTED]



Schwab One® Account of  
**NORTH CAROLINA HOLOCAUST FOUND**

Account Number  
**5606-9309**

Statement Period  
**December 1-31, 2014**

**Charles Schwab Bank Deposit Accounts Activity**

Transaction Date	Transaction Description	Withdrawal	Deposit	Balance <sup>x,z</sup>
12/15/14	Interest Paid <sup>x,z</sup> BANK INTEREST		0 01	1,905 78
12/31/14	Auto Transfer BANK CREDIT FROM BROKERAGE <sup>x</sup>		319 50	2,225 28

Deposit Accounts Interest Rate as of 12/31/14 was 0.01% Your interest period was 11/16/14 - 12/15/14<sup>z</sup>

**Endnotes For Your Account**

Symbol Endnote Legend

- X** Balances held at Charles Schwab Bank, member FDIC
- Z** Please note that the interest is paid for a period that differs from the Statement Period. Bank balances include any interest that Charles Schwab Bank paid as indicated on the Deposit Accounts Activity page. Bank balances do not include any interest that may have accrued during the Statement Period after interest is paid. The interest paid may include interest that accrued in the prior Statement Period.

For information on how Schwab pays its representatives, go to <http://www.schwab.com/compensation>