

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning January 1, 2017, and ending December 31, 20 17

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

G Gross receipts \$ \$73,545.90

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

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

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527 03

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

H(c) Group exemption number ▶ N/A

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	1 Briefly describe the organization's mission or most significant activities. <u>The mission of the North Carolina Holocaust Foundation is to educate North Carolina public school students on the history and lessons learned from the Holocaust. This is accomplished through teacher workshops, traveling exhibits, plays, book purchases and Holocaust survivor speaker events.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	35
	7a Total unrelated business revenue from Part VIII, column (C), lines 1-2	7a	\$0
b Net unrelated business taxable income from Form 990-T, line 34	7b	\$0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	\$62,287.00	\$72,669.00
	9 Program service revenue (Part VIII, line 2g)	\$0	\$0
	10 Investment income (Part VIII, column (A), lines 3-4, and 7d)	\$664.26	\$876.90
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	\$0	\$0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	\$62,951.26	\$73,545.90
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	\$2,500.00	\$1,050.00
	14 Benefits paid to or for members (Part IX, column (A), line 4)	\$0	\$0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	\$0	\$0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	\$0	\$0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\$47,570.57	\$61,666.94
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	\$50,070.57	\$62,716.94
19 Revenue less expenses. Subtract line 18 from line 12	\$12,880.69	\$10,828.96	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	\$171,399.44	\$182,228.40
	21 Total liabilities (Part X, line 26)	\$0	\$0
	22 Net assets or fund balances. Subtract line 21 from line 20	\$171,399.44	\$182,228.40

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 Abramson Date: February 8, 2018

Type or print name and title: Michael Abramson, Chairman, NC Holocaust Foundation

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 (2017)

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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: (1) to educate students and teachers in North Carolina public schools on the history, significance and the lessons learned from the Holocaust, (2) to remember and honor the liberators, Righteous Gentiles and victims of planned and systematic Nazi persecution, and (3) 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: WRKSHOP) (Expenses \$ 17,595.01 including grants of \$ _____) (Revenue \$ _____)

Each Teacher Workshop consists of North Carolina public school teachers meeting with two public school teachers who are experienced in teaching the Holocaust to middle school and high school students. The teachers also meet and listen to a Holocaust survivor describe his/her experience in the Holocaust and his/her life after the Holocaust. The overall themes of each Teacher Workshop are (1) to teach teachers the historical timeline and facts about the Holocaust, (2) to explain why the teaching of the Holocaust and the lessons learned from the Holocaust are relevant and important in today's world and (3) to provide teachers with the skills and methods to teach students (1) the facts about the Holocaust and (2) to appreciate the differences among people.

The \$17,595.01 in expenses the NC Holocaust Foundation incurred in planning, recruiting and conducting the workshops in 2017 include (1) hotel, honorarium, gas mileage reimbursement and food expenses for the speakers and (2) the cost of copying material for teacher handouts, DVDs, snacks and writing supplies. The Foundation conducted a total of 10 workshops in 2017 (locations were New Bern, Charlotte, Kinston, Brevard, Burlington, Burnsville, Boone, Lillington, Wilmington and Columbia). A total of 634 teachers attended the workshops. Travel expenses embedded within the \$17,595.01 totaled \$3,103.88 and are reflected in Part IX, Line #17 columns (A) and (B), Part IX, Line #24a columns (A) and (B); and Schedule O, pages 1 and 4.

4b (Code: DCTRIP) (Expenses \$ 14,128.01 including grants of \$ _____) (Revenue \$ _____)

In June of 2017, the NC Holocaust Foundation sponsored a trip to Washington, DC, for 28 North Carolina public school teachers. Three other North Carolina public school teachers made the trip as facilitators. The teachers visited the United States Holocaust Memorial Museum and the National Museum of African American History and Culture. The purpose of the trip was to teach the teachers (1) facts and the historical timeline of the Holocaust, (2) how to teach the Holocaust to their students, (3) the similarities between the Jim Crow laws in the United States and the Nuremberg Laws in Germany, and (4) why the teaching of the Holocaust is relevant and important in today's world. The teachers learned that individuals can produce a horrific society as in Nazi Germany or can create positive change as in the Civil Rights Movement in the United States.

The \$14,128.01 in expenses the Foundation incurred in conducting the bus trip include (1) hotel and food reimbursement for the 28 teachers, (2) books, writing supplies, copies for handout, snacks and DVDs and (3) a fee to the bus company. The teachers who led the trip were paid an honorarium and were reimbursed for (1) their gas to travel round trip from their homes to Raleigh, (2) books and writing supplies and (3) hotel and food expenses in Washington. Travel expenses embedded within the \$14,128.01 totaled \$189.00 and are reflected in Part IX, Line #17 columns (A) and (B), Part IX, Line #24b columns (A) and (B); and Schedule O, pages 1 and 4.

4c (Code: EXHBTS) (Expenses \$ 9,658.04 including grants of \$ _____) (Revenue \$ _____)

The NC Holocaust Foundation sponsors a number of traveling exhibits that tour throughout North Carolina at public and private schools and public libraries. The Foundation maintains four "Dr. Seuss Goes to War" exhibits, two "Kindertransport" exhibits, one "Triumph of Life" exhibit, one "Butterflies, Fences and Walls" exhibit, six "What They Could Carry" exhibits, one "Resistance in the Camps" exhibit, four "Life After Liberation" exhibits, one "Women in Resistance" exhibit, one "Armed Resistance in the Ghetto" exhibit, one "Everyday Life in the Ghetto" exhibit, one "Women Partisans" exhibit and one "Final Soution" exhibit. Lesson plans accompany each exhibit. Over 100 public schools received exhibits in 2017. Many times, a Holocaust survivor would visit the school just before or just after an exhibit. On other occasions, schools would order a classroom set of books from the Foundation after an exhibit would be presented at the school.

The \$9,658.04 in expenses incurred by the NC Holocaust Foundation relate to repairing, scheduling and transporting the exhibits in 2017. Travel expenses embedded within the \$9,658.04 totaled \$5,302.64 and are reflected in Part IX, Line #17 columns (A) and (B); Part IX, Line #24d columns (A) and (B); and Schedule O, pages 1 and 4.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 14,379.36 including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **\$55,760.42**

AC

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	✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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	3		✓
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		✓
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		✓
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		✓
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		✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
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		✓
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	11a		✓
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		✓
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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	11f		✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
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		✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓

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		✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		✓
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		✓
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		✓
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		✓
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 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		✓
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		✓
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		✓
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		✓
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? If "Yes," complete Schedule L, Part IV		✓
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
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? If "Yes," complete Schedule L, Part IV		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		✓
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

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 number, question text, and Yes/No checkboxes. Includes sections for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4 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 1b 4		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

Section 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?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		<input checked="" type="checkbox"/>
14	Did the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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?		
a	The organization's CEO, Executive Director, or top management official N/A		
b	Other officers or key employees of the organization N/A		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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 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 919-787-9939

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, Trustee and Officer	30	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				\$0	\$0	\$0
(2) Mitch Rifkin Vice-Chairman, Trustee and Officer	8	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				\$0	\$0	\$0
(3) Shelly Weiner Trustee	.5	<input checked="" type="checkbox"/>						\$0	\$0	\$0
(4) Abe Prasek Trustee	.5	<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)										
1b Sub-total							\$0	\$0	\$0	
c Total from continuation sheets to Part VII, Section A							\$0	\$0	\$0	
d Total (add lines 1b and 1c)							\$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 **n/a**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 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>		✓
5 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 VII 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	\$21,500.00					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	\$31,685.00					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	\$19,484.00					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f ▶			\$72,669.00				
Program Service Revenue	2a Business Code							
	b							
	c							
	d							
	e							
	f All other program service revenue .							
	g Total. Add lines 2a-2f ▶							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			\$876.90				
	4 Income from investment of tax-exempt bond proceeds ▶							
	5 Royalties ▶							
	6a Gross rents	(i) Real	(ii) Personal					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss) ▶							
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
	b Less: cost or other basis and sales expenses							
	c Gain or (loss)							
	d Net gain or (loss) ▶							
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less direct expenses	b					
c Net income or (loss) from fundraising events . . ▶								
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities . . ▶							
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory . . ▶							
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d All other revenue								
e Total. Add lines 11a-11d ▶								
12 Total revenue. See instructions. ▶				\$73,545.90				

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	\$1,050.00			
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				
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	\$452.62			
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	\$11,396.20	\$9,206.27		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	\$545.12	\$545.12		
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 Teacher Workshops	\$14,491.13	\$14,491.13		
b Washington, DC, Trip	\$13,939.01	\$13,939.01		
c Theatre/Plays at Schools	\$8,973.77	\$8,973.77		
d Traveling Exhibits	\$4,355.40	\$4,355.40		
e All other expenses see Schedule O	\$7,513.69	\$4,249.72		
25 Total functional expenses. Add lines 1 through 24e	\$62,716.94	\$55,760.42		
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	\$8,786.93	1	\$10,240.33
	2 Savings and temporary cash investments	\$162,612.51	2	\$171,988.07
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	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 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		\$171,399.44	16	\$182,228.40
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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			25
	26 Total liabilities. Add lines 17 through 25		\$0	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances		\$171,399.44	33	\$182,228.40
34 Total liabilities and net assets/fund balances		\$171,399.44	34	\$182,228.40

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	\$73,545.90
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$62,716.94
3	Revenue less expenses. Subtract line 2 from line 1	3	\$10,828.96
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	\$171,399.44
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	\$182,228.40

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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.		
2a 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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
c 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.		
3a 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? <i>N/A</i>		
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)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

North Carolina Holocaust Foundation

Employer identification number

56-1691582

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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)**.
- 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)(vi)**. (Complete Part II.)
- 9 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.
 - 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 1–10 above (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)						
Total						

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$82,517.00	\$58,408.00	\$44,637.00	\$62,287.00	\$72,669.00	\$320,518.00
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	\$82,517.00	\$58,408.00	\$44,637.00	\$62,287.00	\$72,669.00	\$320,518.00
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)						\$156,293.86
6 Public support. Subtract line 5 from line 4						\$164,224.14

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	\$82,517.00	\$58,408.00	\$44,637.00	\$62,287.00	\$72,669.00	\$320,518.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$108.00	\$3,607.00	\$736.00	\$664.00	\$877.00	\$5,992.00
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	\$1,397.00	0	0	0	\$1,397.00
11 Total support. Add lines 7 through 10						\$327,907.00
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	50.0 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	53.0 %
16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2016. 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 stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2017. 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 stop here. 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 10%-facts-and-circumstances test—2016. 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 stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. 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.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

North Carolina Holocaust Foundation

Employer identification number

56-1691582

On Form 990: Part III, Line 4d: Other Program Services Expenses

Expenses from other program services total \$14,379.36. The entire list of program services and their associated expenses are:

o Teacher Workshops (Part III, Line 4a)	\$17,595.01 (includes \$3,103.88 for travel)
o Washington, DC, Bus Trip (Part III, Line 4b)	\$14,128.01 (includes \$189.00 for travel)
o Traveling Exhibits (Part III, Line 4c)	\$ 9,658.04 (includes \$5,302.64 for travel)
o Theatre Plays (Other Program Services)	\$ 8,973.77
o State Holocaust Commemoration (Other Program Services)	\$ 2,800.13 (includes \$393.70 for travel)
o Books To Schools (Other Program Services)	\$ 1,843.29
o Conferences (Other Program Services)	\$ 632.62 (includes \$87.50 for travel)
o Holocaust Speaker Travel (Other Program Services)	\$ 77.35 (includes \$77.35 for travel)
o 2018 Holocaust Educators Workshop (Other Program Services)	\$ 52.20 (includes \$52.20 for travel)

Total program services expense equal \$55,760.42 (see Form 990, Part III, Line 4e; see also Part IX, Line 25B).

Note that in previous years, the NC Holocaust Foundation included all expenses as program services expenses. In 2017, it was decided not to include expenses allocated towards (1) "Grants to Other Non-Profit Organizations," (2) "General Meetings" and (3) "Office" toward program services.

On Form 990: Part V, Line 1c: backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings

This section was left blank because the subject matter is not applicable to the operations, programs and services provided by the North Carolina Holocaust Foundation.

On Form 990: Part V, Line 2a: form W-3

The North Carolina Holocaust Foundation does not employ any W-2 employee. The NC Holocaust Foundation does not issue a W-2 to any individual. Form W-3 is not relevant to the North Carolina Holocaust Foundation.

On Form 990: Part V, Line 10: Section 501(c)(7) organizations

This section was left blank because the North Carolina Holocaust Foundation is not a 501(c)(7) organization.

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

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

Employer identification number

North Carolina Holocaust Foundation**56-1691582****On Form 990: Part V, Line 11: Section 501(c)(12) organization****This section was left blank because the North Carolina Holocaust Foundation is not a 501(c)(12) organization.****On Form 990: Part V, Line 12: Section 4947(a)(1) non-exempt charitable trusts****This section was left blank because the North Carolina Holocaust Foundation is not a 4947(a)(1) organization.****On Form 990: Part V, Line 13: Section 501(c)(29) qualified nonprofit health insurance issuers****This section was left blank because the North Carolina Holocaust Foundation is not a 501(c)(29) organization.****On Form 990: Part V, Line 14: payments for indoor tanning services****The North Carolina Holocaust Foundation does not provide indoor tanning services.****On Form 990: Part VI, Line 9. Any officer of the organization who cannot be reached at the organization's mailing address****Mitch Rifkin - 4321 Quail Hunt Lane, Charlotte, NC 28226****Shelly Weiner - 216 Manchester Place, Greensboro, NC 27410****Abe Piasek - 10454 Dapping Drive, Raleigh, NC 27614****On Form 990: Part VI, Line 11b: Description of process for review of Form 990 to all members of its governing body**

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. In 2017, the Chairman reviewed the cash flow (income and expenses) on a monthly basis with the Vice Chairman. In 2017, the Chairman reviewed the cash flow on a quarterly basis with the other two Foundation board members as well as with the Vice Chairman. In January of 2018, the Chairman provided the completed 2017 Form 990, Schedule O, and Schedule A to the three other Foundation board members prior to releasing the Form 990, Schedule O, and Schedule A to the IRS and announcing to the public their availability.

Part VI, Line 15a and 15b: Determining compensation**There is no compensation provided for any officer/board member of the North Carolina Holocaust Foundation.**

Name of the organization

Employer identification number

North Carolina Holocaust Foundation

56-1691582

On Form 990: Part VI, Line 18: Making the Form 990 available for public inspection

On the North Carolina Department of Public Instruction website, the North Carolina Holocaust Foundation states that anyone interested in reviewing the Form 990 can contact the Chairman of the North Carolina Holocaust Foundation. The Chairman's email address is listed on the website. As of January 1, 2018, the Chairman's email address is mabramson919@gmail.com.

On Form 990: Part VI, Line 19: Making governing documents and financial statements available to the public

On the North Carolina Department of Public Instruction website, the North Carolina Holocaust Foundation states that anyone interested in reviewing the Form 990 can contact the Chairman of the North Carolina Holocaust Foundation. The Chairman's email address is listed on the website. As of January 1, 2018, the Chairman's email address is mabramson919@gmail.com.

On Form 990: Part VII, Section A: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

No board member/director/trustee/officer is compensated while working on services and programs for the North Carolina Holocaust Foundation.

On Form 990: Part VII, Section B: Independent Contractors

There were independent contractors who were paid by the North Carolina Holocaust Foundation, but no one was paid above \$5,000.00.

Six (6) independent contractors received a 1099 in 2017 from the North Carolina Holocaust Foundation. Please see Part V, Line 1a.

On Form 990: Part IX, Line 1: Grants to Domestic Organizations

Development Foundation of the North Carolina Center for the Advancement of Teaching - 56-1884667 - \$900.00

Face To Face Health and Counseling Service, Inc. - 41-0986780 - \$150.00

TOTAL - \$1,050.00

(please see page 4)

Name of the organization North Carolina Holocaust Foundation	Employer identification number 56-1691582
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On Form 990: Part IX, Lines 25(A) and 25(B): Total Expenses and Program Service Expenses with Travel Expenses Broken Out

PROGRAM SERVICE EXPENSES

LINE ITEM	NON-TRAVEL EXPENSE	TRAVEL EXPENSE	TOTAL EXPENSES
Teacher Workshops	\$14,491.13	\$3,103.88	\$17,595.01
Washington, DC, Bus Trip	\$13,939.01	\$ 189.00	\$14,128.01
Traveling Exhibits	\$ 4,355.40	\$5,302.64	\$ 9,658.04
Theatre Plays	\$ 8,973.77		\$ 8,973.77
State Holocaust Commemoration	\$ 2,406.43	\$ 393.70	\$ 2,800.13
Books To Schools	\$ 1,843.29		\$ 1,843.29
Conferences	\$ 545.12	\$ 87.50	\$ 632.62
Holocaust Speaker Travel		\$ 77.35	\$ 77.35 (100% line item is travel)
2018 Holocaust Educators Workshop		\$ 52.20	\$ 52.20 (100% of line item is travel)
TOTAL	\$46,554.15	\$9,206.27	\$55,760.42

Program Services Expenses without Travel = \$46,554.15

Travel Related to Program Service Expenses = \$9,206.27 [see Part IX, Line 18 (B)]

Total Program Services Expenses (includes Travel) = \$55,760.42 [see Part III, Line 4e and Part IX, Line 25 (B)]

NON-PROGRAM SERVICE EXPENSES

LINE ITEM	NON-TRAVEL EXPENSE	TRAVEL EXPENSE	TOTAL EXPENSES
Meetings	\$ 3,263.97	\$2,189.93	\$ 5,453.90
Grants To Non-Profit Organizations	\$ 1,050.00		\$ 1,050.00
Office	\$ 452.62		\$ 452.62
TOTAL	\$ 4,766.59	\$2,189.93	\$ 6,956.52

Non-Program Services Expenses without Travel = \$4,766.59 Travel Related Non-Program Service Expenses = \$2,189.93

Total Non-Program Services Expenses (includes Travel) = \$4,766.59 + \$2,189.93 = \$6,956.52

TOTAL FUNCTIONAL EXPENSES

Non-Travel Expenses: \$46,554.15 + \$4,766.59 = \$51,320.74

Travel Expenses: \$9,206.27 + \$2,189.93 = \$11,396.20 [see Part IX, Line 18 (A)]

Travel Functional Expenses: \$51,320.74 + \$11,396.20 = \$62,716.94 [(see Part I, Line 18 and Part IX, Line 25 (A))]