

Form 990

C2-E 9004

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

1712

Department of the Treasury Internal Revenue Service

Form 990 header section including: A For the 2018 calendar year, or tax year beginning January 1, 2018, and ending December 31, 2018; B Check if applicable; C Name of organization North Carolina Holocaust Foundation; D Employer identification number 56-1691582; E Telephone number 919-787-9939; F Name and address of principal officer Michael Abramson; G Gross receipts \$108,096.89; H(a) Is this a group return for subordinates? No; H(b) Are all subordinates included? No; H(c) Group exemption number; I Tax-exempt status 501(c)(3); J Website: https://ncholocaustcouncil.org and ncpublicschools.org/holocaust-council; K Form of organization Association; L Year of formation 1990; M State of legal domicile NC

Part I Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission; 2-7a Activities & Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances. Includes a 'RECEIVED' stamp from OGDEN, UT dated FEB 19 2019.

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 Z. Abramson, Chairman, dated February 14, 2019.

Paid Preparer Use Only section with fields for Preparer's name, signature, date, firm's name, address, and EIN.

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

SCANNED APR 02 2019

Handwritten initials or signature.

Part III Statement of Program Service Accomplishments

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

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 Among the Nations, survivors and victims of planned and systematic Nazi persecution and murder, and (3) to reflect upon genocidal events and acts of hatred and racism 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] [checked] 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] [checked] 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: DCTRIP) (Expenses \$ 18,528.38 including grants of \$) (Revenue \$)

In July of 2018, the NC Holocaust Foundation sponsored a trip to Washington, DC, for 28 North Carolina public school teachers. Two retired North Carolina public school teachers made the trip as facilitators. The teachers visited the United States Holocaust Memorial Museum and the National Museum of American Jewish Military History. 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 responses by the U.S. government and U.S. public to the rise of Nazi Germany, and (4) how to create activities in the classroom that will promote the importance of tolerance, pluralism and American democracy. The trip was for four days and three nights.

The \$18,528.38 in expenses the NC Holocaust Foundation incurred in conducting the bus trip included (1) the cost of the hotel rooms for the teachers, facilitators, and bus driver, (2) food reimbursement for the teachers and facilitators, (3) an honorarium for the facilitators, (4) a fee to the bus company, (5) a tip to the bus driver, (6) reimbursement for the facilitators to travel to Raleigh, (7) the cost of renting conference rooms in the hotel, (8) a fee to transport a Holocaust survivor speaker to the hotel, (9) water and snacks, and (10) copy expense and supplies. Travel expenses totaled \$5,924.00 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 6.

4b (Code: WRKSHOP) (Expenses \$ 13,671.02 including grants of \$) (Revenue \$)

A Teacher Workshop consists of North Carolina public school teachers learning from two retired 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 \$13,671.02 in expenses the NC Holocaust Foundation incurred in planning, recruiting and conducting the workshops in 2018 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 nine (9) workshops in 2018 (locations were Goldsboro, Statesville, Jacksonville, Weldon, Hickory, Concord, Chapel Hill, Charlotte, and Greenville). A total of 366 teachers attended the workshops. Travel expenses embedded within the \$13,671.02 totaled \$2,117.24 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 6.

4c (Code: HOLSYMP) (Expenses \$ 11,226.64 including grants of \$) (Revenue \$)

In June of 2018, the NC Holocaust Foundation sponsored a five-day Holocaust symposium for 24 public school teachers in Raleigh. The themes of the Holocaust symposium were "Bystanders and Observers in the Holocaust" and "Treating the Other in the Community." Each teacher received varying hours of continuing education credit awarded by the North Carolina Department of Public Instruction based on the amount of days he/she attended. Teachers were provided with lesson plans on (1) how to teach the Holocaust and (2) how to teach the values of democracy, tolerance and plurality to their students. The teachers learned the facts and the historical timeline of the Holocaust. The teachers visited the North Carolina Museum of Art and the Raleigh Islamic Center.

The \$11,226.64 in expenses the NC Holocaust Foundation incurred in conducting the Holocaust symposium included (1) the cost of hotel rooms for the teachers, facilitators and speakers, (2) an honorarium for the facilitators, museum docents, and speakers, (3) a donation to Cardinal Gibbons High School for providing a bus and classrooms, (4) breakfast, lunch and dinner for the teachers, facilitators, and speakers, (5) drinks and snacks, (6) copy expenses and supplies, and (7) reimbursement for the facilitators and speakers to travel to Raleigh. Travel expenses embedded within the \$11,226.64 totaled \$429.40 and are reflected in Part IX, Line #17 columns (A) and (B); Part IX, Line #24c columns (A) and (B); and Schedule O, pages 1 and 6.

4d Other program services (Describe in Schedule O.) (Expenses \$ 19,367.47 including grants of \$) (Revenue \$)

4e Total program service expenses \$62,793.51

AD

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
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	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? <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	Section 501(c)(3) organizations. 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? 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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a 6
1b 0
1c N/A

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
	4a		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7c		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		✓
	7d		
	7e		
	7f		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		✓
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		✓
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	n/a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	n/a
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	n/a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	n/a
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	✓
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	✓
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	n/a
c	Enter the amount of reserves on hand	13c	n/a
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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 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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		✓
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?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
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	✓	

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?		✓
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?	✓	
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		✓
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	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?		✓
14	Did the organization have a written document retention and destruction policy?		✓
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		
b	Other officers or key employees of the organization		
	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?		✓
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 (1024 or 1024-A 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	✓		✓					\$0	\$0	\$0
(2) Mitch Rifkin Vice-Chairman, Trustee and Officer	9	✓		✓					\$0	\$0	\$0
(3) Shelly Weiner Trustee	1	✓							\$0	\$0	\$0
(4) Abe Piasek Trustee	1	✓							\$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 **0**

	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 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a \$29,000				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e \$57,527.50				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f \$18,871.70				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		\$105,399.20			
Program Service Revenue				Business Code			
	2a						
	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)		\$2,697.69			
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	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					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
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		\$108,096.89				

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	\$400.00			
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	\$356.34		\$356.34	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	\$15,866.90	\$14,220.86	\$1,646.04	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	\$2,469.15	\$492.25	\$1,976.90	
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	Washington, DC, Bus Trip	\$12,604.38	\$12,604.38		
b	Teacher Workshops	\$11,553.78	\$11,553.78		
c	Summer Symposium	\$10,797.24	\$10,797.24		
d	Traveling Exhibits	\$3,150.00	\$3,150.00		
e	All other expenses	\$10,279.65	\$9,975.00	\$304.65	
25	Total functional expenses. Add lines 1 through 24e	\$67,477.44	62,793.51	\$4,283.93	
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
Assets	1 Cash—non-interest-bearing	\$10,240.33	1	\$7,241.91
	2 Savings and temporary cash investments	\$171,988.07	2	215,605.94
	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)		\$182,228.40	16	\$222,847.85
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		\$182,228.40	33	\$222,847.85
34 Total liabilities and net assets/fund balances		\$182,228.40	34	\$222,847.85

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	\$108,096.89
2	Total expenses (must equal Part IX, column (A), line 25)	2	\$67,477.44
3	Revenue less expenses. Subtract line 2 from line 1	3	\$40,619.45
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	\$182,228.40
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	\$222,847.85

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

2018

Open to Public Inspection

Name of the organization North Carolina Holocaust Foundation	Employer identification number 56-1691582
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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 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).

07

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	\$58,408.00	\$44,637.00	\$62,287.00	\$72,669.00	\$105,399.00	\$343,400.00
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	\$58,408.00	\$44,637.00	\$62,287.00	\$72,669.00	\$105,399.00	\$343,400.00
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)						\$150,406.42
6 Public support. Subtract line 5 from line 4						\$192,993.58

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	\$58,408.00	\$44,637.00	\$62,287.00	\$72,669.00	\$105,399.00	\$343,400.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	\$3,607.00	\$736.00	\$664.00	\$877.00	\$2,698.00	\$8,582.00
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.)	\$1,397.00	\$0	\$0	\$0	\$0	\$1,397.00
11 Total support. Add lines 7 through 10						\$353,379.00
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 2018 (line 6, column (f) divided by line 11, column (f))	14	54.6 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	50.0 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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

2018

**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 \$19,367.47. The entire list of program services and their associated expenses are:

o Washington, DC, Bus Trip (Part III, Line 4a)	\$18,528.38 (includes \$5,924.00 for travel)
o Teacher Workshops (Part III, Line 4b)	\$13,671.02 (includes \$2,117.24 for travel)
o Summer Symposium (Part III, Line 4c)	\$11,226.64 (includes \$429.40 for travel)
o Traveling Exhibits	\$ 7,502.50 (includes \$4,352.50 for travel)
o Theatre Plays	\$ 5,100.00
o Holocaust Observances Across the State	\$ 3,146.91 (includes \$764.38 for travel)
o Purchase of Books To Schools	\$ 2,318.52
o Conferences	\$ 667.65 (includes \$175.40 for travel)
o Speakers Bureau	\$ 631.89 (includes \$457.94 for travel)
TOTAL PROGRAM SERVICES EXPENSES	\$62,793.51 (Part III, Line 4e and Part IX, Line 25B)

Total program services expenses (\$62,793.51) less total of top three expenses (\$43,426.04) = \$19,367.47 = Other Program Services Expenses

Note that the North Carolina Holocaust Foundation does not include 1) "Meetings Expenses," (2) "Grants to Other Non-Profit Organizations,"

(3) "Office Expenses," (4) "Postage Expenses," and (5) "Website Updates and Maintenance" as program services expenses

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

The North Carolina Holocaust Foundation is not a 501(c)(7) organization.

Name of the organization North Carolina Holocaust Foundation	Employer identification number 56-1691582
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On Form 990: Part V, Line 11: Section 501(c)(12) organization

The North Carolina Holocaust Foundation is not a 501(c)(12) organization.

On Form 990: Part V, Line 12a: Section 4947(a)(1) non-exempt charitable trusts

This line was marked, "No," but this does not imply the North Carolina Holocaust Foundation is a 4947(a)(1) organization; it is not.

On Form 990: Part V, Line 13a: Section 501(c)(29) qualified nonprofit health insurance issuers

This line was marked, "No," but this does not imply the North Carolina Holocaust Foundation is a 501(c)(29) organization; it is not.

On Form 990: Part V, Line 14a: 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 2018, the Chairman reviewed the cash flow (income and expenses) on a monthly basis with the Vice Chairman. In 2018, 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 February of 2019, the Chairman provided the completed 2018 Form 990, Schedule O, and Schedule A to the three other Foundation board members (there are 4 board members including himself) prior to releasing the Form 990, Schedule O, and Schedule A to the IRS and announcing to the public their availability.

PLEASE CONTINUE THE REVIEW OF SCHEDULE O ON PAGE 3

Name of the organization North Carolina Holocaust Foundation	Employer identification number 56-1691582
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On Form 990: Part VI, Line 15a and 15b: Determining compensation

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

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

The North Carolina Holocaust Foundation is proud to announce the creation of its second website. The address of the new website is <https://ncholoocaustcouncil.org>. The North Carolina Holocaust Foundation also utilizes a website managed by the North Carolina Department of Public Instruction. That website address is www.ncpublicschools.org/holocaust-council. On both websites, the North Carolina Holocaust Foundation states that anyone interested in reviewing and inspecting the Form 990, Schedule O and Schedule A from the immediate past year or from previous years can contact the Chairman (his name is provided) with his current email address and US Mailing address provided. The North Carolina Holocaust Foundation also encourages individuals to review the Form 990 on the annual State Holocaust Commemoration program. The Chairman's name and current current email address are provided on the Commemoration program.

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

The North Carolina Holocaust Foundation is proud to announce the creation of its second website. The address of the new website is <https://ncholoocaustcouncil.org>. The North Carolina Holocaust Foundation also utilizes a website managed by the North Carolina Department of Public Instruction. That website address is www.ncpublicschools.org/holocaust-council. On both websites, the North Carolina Holocaust Foundation states that anyone interested in reviewing and inspecting the Form 990, Schedule O and Schedule A from the immediate past year or from previous years can contact the Chairman (his name is provided) with his current email address and US Mailing address provided. The North Carolina Holocaust Foundation also encourages individuals to review the Form 990 on the annual State Holocaust Commemoration program. The Chairman's name and current current email address are provided on the Commemoration program.

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

Name of the organization North Carolina Holocaust Foundation	Employer identification number 56-1691582
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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 \$5,500.00.

Six (6) independent contractors received a 1099 in 2018 from the North Carolina Holocaust Foundation. This information is reported on Form 1096 (please see Part V, Line 1a).

On Form 990: Part VIII, Line 1a: Federated Campaigns

The North Carolina Holocaust Foundation received donations from the following federated campaigns:

o Jewish Federation of Greater Charlotte	\$26,500.00
o Durham-Chapel Hill Jewish Federation	\$ 1,500.00
o Greensboro Jewish Federation	\$ 1,000.00
TOTAL	\$29,000.00

On Form 990: Part VIII, Line 1e: Government grants (contributions)

The North Carolina Holocaust Foundation received its entire 2018-2019 grant from the North Carolina General Assembly in the fall of 2018. This is a deviation from past practice. In years past, the North Carolina Holocaust Foundation received half of its annual grant in the fall of a particular year and the other half of the grant in the spring of the next year. (The North Carolina General Assembly operates its fiscal year beginning on July first and concluding on June 30th of next calendar year.) Another difference in Fiscal Year 2018-2019 as compared to prior years is that the North Carolina General Assembly awarded the North Carolina Holocaust Foundation a one-time lump sum of \$10,000 in its annual grant. Thus, the breakdown of the State of North Carolina grant is as follows:

o spring of 2018: 50% of \$31,685.00 = \$15,842.50 (second half of the 2017 - 2018 fiscal year)
o fall of 2018: 100% of \$31,685 (of the 2018 - 2019 fiscal year) + 100% of \$10,000 one-time lump sum = \$41,685.00
TOTAL = \$57,527.50 (Payer's TIN 56-1492826)

A 1099-MISC is included with the "hard" copies of Form 990, Schedule O and Schedule A that was mailed to the IRS.

On Form 990: Part VIII, Line 3A: Investment income

Investment income is in the form of interest from a Capital One savings account (Taxpayer TIN 72-0210640). A 1099-INT is included with the "hard" copies" of Form 990, Schedule O and Schedule A that was mailed to the IRS.

Name of the organization

Employer identification number

North Carolina Holocaust Foundation

56-1691582

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

The North Carolina Holocaust Foundation provided a grant in the amount of \$400.00 to Appalachian State University Foundation, Inc. with Employer Identification Number 23-7099379. The grant was classified as a "restricted asset" to fund a four-day Holocaust symposium sponsored by the Center for Judaic, Holocaust, and Peace Studies at Appalachian State University.

On Form 990, Part IX: Management and general expenses: Column C

o Grants - Line 1(A) \$400.00 - not included in the in \$4,283.93 on Line 25, Column C

o Office Expenses - \$356.34 - Line 13, Column A and Column C

o Meetings - \$3,622.94 - Line 19, Column C (\$1,976.90) and Line 17 Column C (\$1,646.04)

o Postage - \$106.65 - Line 24e in Column A and C (note that the combined expense of Website and Postage are reflected in Line 24e, Column C)

o Website - \$198.00 - Line 24e in Column A and C (note that the combined expense of Website and Postage are reflected in Line 24e, Column C)

Total for Management and general expenses less "Grants" is \$4,283.93 (Line 25, Column C)

PLEASE CONTINUE THE REVIEW OF SCHEDULE O ON PAGE 6

Name of the organization

Employer identification number

North Carolina Holocaust Foundation

56-1691582

On Form 990: Part IX, Statement of Functional Expenses with Program Service Expenses and General Expenses Noted and Explained

PROGRAM SERVICE EXPENSES

LINE ITEM	NON-TRAVEL EXPENSE	TRAVEL EXPENSE	TOTAL EXPENSES
Washington, DC, Bus Trip	\$12,604.38	\$ 5,924.00	\$18,528.38
Teacher Workshops	\$11,553.78	\$ 2,117.24	\$13,671.02
Holocaust Summer Symposium	\$10,797.24	\$ 429.40	\$11,226.64
Traveling Exhibits	\$ 3,150.00	\$ 4,352.50	\$ 7,502.50
Theatre Plays	\$ 5,100.00		\$ 5,100.00
Holocaust Observances Across the State	\$ 2,382.53	\$ 764.38	\$ 3,146.91
Purchase of Books to Schools	\$ 2,318.52		\$ 2,318.52
Speakers Bureau	\$ 173.95	\$ 457.94	\$ 631.89
Conferences	\$ 492.25	\$ 175.40	\$ 667.65
TOTAL	\$48,572.65	\$14,220.86 (Part IX, Line 17B)	\$62,793.51 (Part IX, Line 25B)
			\$62,793.51 (Part III, Line 4e)

Non-Travel Expenses for Line Item, "Conferences," as a Program Service Expense = \$492.25 (Part IX, Line 19B); Note: the line item,

"Meetings," is not a Program Service Expense and is not included on Part IX, Line B (see below for "Meetings" expenses)

All Other Expenses for Non-Travel Program Service Expenses (Part IX, Line 24e under Column B): include the following line items:

"Theatre Plays," "Holocaust Observances," "Book Purchases" and "Speakers Bureau" = \$9,975.00

NON-PROGRAM SERVICE EXPENSES (MANAGEMENT and GENERAL EXPENSES)

LINE ITEM	NON-TRAVEL EXPENSE	TRAVEL EXPENSE	TOTAL EXPENSES
Meetings	\$1,976.90	\$1,646.04 (Part IX, Line 17, Column C)	\$3,622.94
Grants	\$ 400.00 (Part IX, Column A)		\$ 400.00 (Part IX, Line 1, Column A)
Office	\$ 356.34 (Part IX, Line 13, Column C)		\$ 356.34 (Part IX, Line 13, Column A)
Website	\$ 198.00		\$ 198.00 (Part IX, Line 24e, Column C)
Postage	\$ 106.65		\$ 106.65 (Part IX, Line 24e, Column C)
TOTAL	\$3,037.89	\$1,646.04	\$4,683.93

Name of the organization

Employer identification number

North Carolina Holocaust Foundation

56-1691582

On Form 990, Section XII, Line 3a and Line 3b: receiving a federal award

The North Carolina Holocaust Foundation did not receive a federal award in fiscal year 2018. The North Carolina Holocaust Foundation has never received a federal award. The Single Audit Act and OMB Circular A-133 are not relevant to the services and programs provided by the North Carolina Holocaust Foundation. Sections 3a and 3b are left blank on page 12 of Form 990.