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OMB No 1545-0047

Form **990**

# Return of Organization Exempt From Income Tax

**2019**

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](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2019 calendar year, or tax year beginning January 1, 2019, and ending December 31, 20 19

**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, North Carolina 27612

**D** Employer identification number  
56-1691582

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

**G** Gross receipts \$ \$122,889.96

**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  
 If "No," attach a list (see instructions)

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

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

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

**L** Year of formation 1990 **M** State of legal domicile NC

SCANNED MAR 10 2021

Part I Summary		Prior Year	Current Year
<b>1</b>	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 and teachers on the history and lessons learned from the Holocaust. This is accomplished through teacher workshops, traveling exhibits, plays, book purchases, and speaker events.</u>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>4</u>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>4</u>
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<u>5</u>	<u>0</u>
<b>6</b>	Total number of volunteers (estimate if necessary)	<u>6</u>	<u>35</u>
<b>7a</b>	Total unrelated business revenue from Part VII, column (A), line 12	<u>7a</u>	<u>\$0</u>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<u>7b</u>	<u>\$0</u>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<u>\$105,399.20</u>	<u>118,380.65</u>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>\$0</u>	<u>\$0</u>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>\$2,697.69</u>	<u>\$4,509.31</u>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>\$0</u>	<u>\$0</u>
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>\$108,096.89</u>	<u>\$122,889.96</u>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>\$400.00</u>	<u>\$1,400.00</u>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>\$0</u>	<u>\$0</u>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>\$0</u>	<u>\$0</u>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>\$0</u>	<u>\$0</u>
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>\$226.25</u>		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>\$67,077.44</u>	<u>\$62,383.05</u>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>\$67,477.44</u>	<u>\$63,783.05</u>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>\$40,619.45</u>	<u>\$59,106.91</u>
<b>20</b>	Total assets (Part X, line 16)	<u>\$222,847.85</u>	<u>\$281,954.76</u>
<b>21</b>	Total liabilities (Part X, line 26)	<u>\$0</u>	<u>\$0</u>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>\$222,847.85</u>	<u>\$281,954.76</u>

RECEIVED  
MAR 09 2020  
OGDEN, UT

## 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.

**Sign Here** ▶ Michael Z. Abramson Signature of officer March 4, 2020 Date  
 ▶ Michael Z. Abramson, Chairman Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> 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

610

926

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of the North Carolina Holocaust Foundation is: (1) to educate North Carolina public school students and teachers on the history, significance, and 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, anti-Semitism, and racism happening around the United States and 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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program 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 \$ 22,727.00 including grants of \$ ) (Revenue \$ ) In June of 2019, the NC Holocaust Foundation sponsored a trip to Washington, DC, for 37 North Carolina public school teachers. Two retired North Carolina public school teachers attended 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 responses by the U.S. government and public to the rise of Nazi Germany and to German anti-Semitism; 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 \$22,727.00 in expenses the NC Holocaust Foundation incurred in conducting the bus trip included: (1) the cost of conference rooms at the hotel and hotel rooms for the teachers, facilitators, and 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) gas reimbursement for the facilitators to meet the bus at a designated place; (7) a fee to transport a Holocaust survivor speaker to the hotel; and (8) water, snacks, copies, and materials for the teachers. Travel expenses totalled \$70.70 and are reflected in Part IX, Line #17 columns (A) and (B) and in Schedule O, pages 1 and 7.

4b (Code: WRKSHOP ) (Expenses \$ 17,028.64 including grants of \$ ) (Revenue \$ ) A Teacher Workshop consists of North Carolina public school teachers learning from 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. If a Holocaust survivor is not available, then a child of a Holocaust survivor will speak to the teachers. The overall themes of each Teacher Workshop are: (1) to teach teachers the facts about the Holocaust; (2) to explain why the teaching of the Holocaust and the lessons learned from the Holocaust are most relevant today; and (3) to provide teachers with the skills, methods, and lesson plans to teach students the facts about the Holocaust and to appreciate diversity among people. The \$17,028.64 in expenses incurred by the NC Holocaust Foundation in planning and conducting the workshops and in recruiting teachers to the workshops include: (1) hotel, honorarium, gas mileage reimbursement, and food expenses for the speakers and (2) the cost of copies, materials, snacks, and books for the teachers. The NC Holocaust Foundation conducted 10 workshops in 2019 (two in Raleigh and one in Wilkesboro, Marion, Fayetteville, Greensboro, Lincolnton, Wilmington, Winston-Salem, and Asheville). A total of 482 teachers attended the workshops. Travel expenses embedded within the \$17,028.64 totalled \$2,502.84 and are reflected in Part IX, Line #17 columns (A) and (B) and in Schedule O, pages 1 and 7.

4c (Code: EXHBTS ) (Expenses \$ 7,196.50 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 at 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 Solution" exhibit. Lesson plans accompany each exhibit. Over 100 public schools received exhibits in 2019. Many times, a speaker representing the NC Holocaust Foundation would visit the school or library before or during or after an exhibit was presented. On many occasions, a school would order a classroom set of books or a play from the NC Holocaust Foundation after an exhibit would be presented at the school. The \$7,196.50 in expenses incurred by the NC Holocaust Foundation in 2019 relate to repairing, scheduling, and transporting the exhibits. Travel expenses embedded within the \$7,196.50 totalled \$4,009.00 and are reflected in Part IX, Line #17 columns (A) and (B) and in Schedule O, pages 1 and 7.

4d Other program services (Describe on Schedule O.) (Expenses \$ 14,742.58 including grants of \$ 1,400.00 ) (Revenue \$ )

4e Total program service expenses \$61,694.72

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	✓	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		✓
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		✓
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		✓
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .		✓
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . .		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . . .		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .		✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
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 . . . . .		✓

**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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	✓	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	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? <i>N/A</i>		

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

		Yes	No
<b>2a</b>	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	0	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b> N/A		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? N/A		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? N/A		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: N/A		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: N/A		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? N/A <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b>	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	✓
<b>16</b>	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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>7b</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"/>	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on 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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>10b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		<input checked="" type="checkbox"/>
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .		
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .		<input checked="" type="checkbox"/>
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .		<input checked="" type="checkbox"/>
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .		
<b>15a</b>	The organization's CEO, Executive Director, or top management official . . . . .		
<b>15b</b>	Other officers or key employees of the organization . . . . .		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► we only send to the federal IRS
- 18** Section 6104 requires an organization to make its Forms 1023 (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 on Schedule O)
- 19** Describe on 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.
- See instructions for the order in which to list the persons above.

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, Officer & Individual Trustee	40	✓		✓				\$0	\$0	\$0
(2) Mitch Rifkin Vice Chairman, Officer & Individual Trustee	9	✓		✓				\$0	\$0	\$0
(3) Shelly Weiner Individual Trustee	2	✓						\$0	\$0	\$0
(4) Abe Piasek Individual Trustee	2	✓						\$0	\$0	\$0
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

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

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

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> \$35,586.53				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> \$13,410.00				
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> \$41,685.00				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> \$27,699.12				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		\$118,380.65			
<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> . . . . .					
	<b>b</b> . . . . .					
	<b>c</b> . . . . .					
	<b>d</b> . . . . .					
	<b>e</b> . . . . .					
	<b>f</b> All other program service revenue . . . . .					
<b>g Total.</b> Add lines 2a-2f . . . . . ▶						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		\$4,509.31			
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal		
			<b>6b</b> Less: rental expenses	<b>6b</b>		
			<b>6c</b> Rental income or (loss)	<b>6c</b>		
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other		
			<b>7b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>		
			<b>7c</b> Gain or (loss) . . . . .	<b>7c</b>		
	<b>d</b> Net gain or (loss) . . . . . ▶					
	<b>8a</b> Gross income from fundraising events (not including \$ <u>\$13,410.00</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>		\$0		
			<b>8b</b> Less: direct expenses . . . . .	<b>8b</b>		
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			\$0		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>				
<b>9b</b> Less: direct expenses . . . . .			<b>9b</b>			
<b>c</b> Net income or (loss) from gaming activities . . . . . ▶						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>					
		<b>10b</b> Less: cost of goods sold . . . . .	<b>10b</b>			
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>			Business Code			
	<b>11a</b> . . . . .					
	<b>b</b> . . . . .					
	<b>c</b> . . . . .					
	<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12 Total revenue.</b> See instructions . . . . . ▶			\$122,889.96			

**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	\$1,400.00	\$1,400.00		
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 (nonemployees):				
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	\$977.37		\$977.37	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	\$9,034.04	\$8,921.36	\$8.00	\$104.68
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	\$2,605.55	\$1,902.40	\$703.15	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	\$22,656.30	\$22,656.30		
b Teacher Workshops	\$14,525.80	\$14,525.80		
c Holocaust Observances	\$4,625.12	\$4,625.12		
d Fundraising Expenses	\$121.57			\$121.57
e All other expenses \$7,837.30	\$7,837.30	\$7,663.74	\$173.56	
25 Total functional expenses. Add lines 1 through 24e	\$63,783.05	\$61,694.72	\$1,862.08	\$226.25
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>\$7,241.91</b>	<b>1</b>	<b>\$10,819.49</b>
	<b>2</b> Savings and temporary cash investments . . . . .	<b>\$215,605.94</b>	<b>2</b>	<b>\$271,135.27</b>
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		<b>\$222,847.85</b>	<b>16</b>	<b>\$281,954.76</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .		<b>17</b>	
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .			<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32 Total net assets or fund balances</b> . . . . .		<b>\$222,847.85</b>	<b>32</b>
<b>33 Total liabilities and net assets/fund balances</b> . . . . .		<b>\$222,847.85</b>	<b>33</b>	<b>\$281,954.76</b>

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	\$122,889.96
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	\$63,783.05
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	\$59,106.91
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	\$222,847.85
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	\$281,954.76

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> North Carolina Holocaust Foundation	<b>Employer identification number</b> 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)(vii)**. (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)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	\$44,637.00	\$62,287.00	\$72,669.00	\$105,399.00	\$118,380.65	\$403,372.65
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	\$44,637.00	\$62,287.00	\$72,669.00	\$105,399.00	\$118,380.65	\$403,372.65
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						\$200,848.86
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						\$202,523.79

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 . . . . .	\$44,637.00	\$62,287.00	\$72,669.00	\$105,399.00	\$118,380.65	\$403,372.65
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	\$736.00	\$664.00	\$877.00	\$2,698.00	\$4,509.31	\$9,484.31
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	\$0	\$0	\$0	\$0	\$0	\$0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						\$412,856.96
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	\$0
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	49 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	54.6 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**Open to Public Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>North Carolina Holocaust Foundation</b>	Employer identification number <b>56-1691582</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	✓		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
<b>c</b> Media advertisements?		✓	
<b>d</b> Mailings to members, legislators, or the public?		✓	
<b>e</b> Publications, or published or broadcast statements?		✓	
<b>f</b> Grants to other organizations for lobbying purposes?		✓	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		
<b>i</b> Other activities?		✓	
<b>j</b> Total. Add lines 1c through 1i			<b>2</b>
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

The North Carolina Holocaust Foundation worked with NC House of Representatives Johnson, Horn, Howard, and Elmore to create the Education on the Holocaust and Genocide Bill - House Bill 437 (please see <https://www.ncleg.gov/Sessions/2019/Bills/House/PDF/H437v1.pdf>) in 2019. The bill would, for the first time in North Carolina, require Holocaust and genocide education as part of the required state curriculum. The bill includes a finding by the General Assembly that "knowledge of the Holocaust is essential to provide students with a fundamental understanding of geography, history, and political systems." The bill would require the State Board of Education and the North Carolina Department of Public Instruction to review the middle school and high school curriculum and to integrate education on the Holocaust and genocide into English, Social Studies, and other courses as appropriate. The bill would require the development of a state-approved

**Part IV** Supplemental Information *(continued)*

Holocaust Studies and Genocide elective that may be offered in middle and high schools.

No monetary or non-monetary contribution to any legislator or candidate or campaign or political party or political action committee was made by any member of the North Carolina Holocaust Foundation or a volunteer representing the North Carolina Holocaust Foundation. Lobbying was provided by members of the North Carolina Holocaust Foundation and volunteers representing the North Carolina Holocaust Foundation who met with legislators and their staff to discuss the merits of the bill. No promise of future monetary donations or of future non-monetary contributions to a campaign for a legislator or a candidate or a political party or a political action committee was made by any member of the North Carolina Holocaust Foundation or a volunteer representing the North Carolina Holocaust Foundation.

The North Carolina Holocaust Foundation did not financially engage or hire or compensate anyone to meet with legislators and their staff.

In regard to Part II-B 1h, comments advocating the passing of the Education on the Holocaust and Genocide Bill were made by members of the North Carolina Holocaust Foundation and individuals representing the North Carolina Holocaust Foundation at Holocaust observances, state teacher conferences, teacher workshops, exhibit presentations, and Holocaust symposiums.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**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 \$14,742.58. The entire list of program services expenses are:**

<b>o Washington, DC, Bus Trip (Part III, Line 4a)</b>	<b>\$22,727.00 (includes \$70.70 for travel)</b>
<b>o Teacher Workshops (Part III, Line 4b)</b>	<b>\$17,028.64 (includes \$2,502.84 for travel)</b>
<b>o Traveling Exhibits</b>	<b>\$ 7,196.50 (includes \$4,009.00 for travel)</b>
<b>o Holocaust Observances</b>	<b>\$ 4,794.27 (includes \$169.15 for travel)</b>
<b>o Meetings</b>	<b>\$ 3,577.08 (includes \$1,674.68 for travel)</b>
<b>o Traveling Plays</b>	<b>\$ 2,256.13 (includes \$98.25 for travel)</b>
<b>o Purchase of Books</b>	<b>\$ 2,318.36</b>
<b>o Grants to Domestic Organizations</b>	<b>\$ 1,400.00</b>
<b>o Speakers Bureau</b>	<b>\$ 396.74 (includes \$396.74 for travel)</b>
<b>TOTAL PROGRAM SERVICES EXPENSES</b>	<b>\$61,694.72 (Part III, Line 4e and Part IX, Line 25(B))</b>

**Total program services expenses (\$61,694.72) less total of top three expenses (\$46,952.14) = \$14,742.58 = Other Program Services Expenses.**

**Note that the North Carolina Holocaust Foundation does not include 1) "Office Expenses," (2) "Postage Expenses," (3) "Fundraising Expenses," (4) "Website Expenses," and (5) "Conferences Expenses" as program services expenses.**

**"Meetings Expenses" has been classified as a program service expense because all meetings expenses were related to the planning, organization, and evaluation of program service line items.**

**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 and marked "N/A" (not applicable) because the subject matter is not applicable to the operations, programs and services provided by the North Carolina Holocaust Foundation.**

**PLEASE CONTINUE THE REVIEW OF SCHEDULE O ON PAGE 2**

Name of the organization <b>North Carolina Holocaust Foundation</b>	Employer identification number <b>56-1691582</b>
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**On Form 990: Part VI, Line 7a: Members who had the power to elect or appoint one or more members of the governing body**

In 2019, Michael Abramson, Chairman, Trustee and Officer, and Mitch Rifkin, Vice Chairman, Trustee and Officer, had the power to appoint individuals onto the governing body of the North Carolina Holocaust Foundation if both Mr. Abramson and Mr. Rifkin agreed on the individual. Shelly Weiner, Trustee, and Abe Piasek, Trustee, had the power to recommend individuals onto the governing body of the North Carolina Holocaust Foundation. No individuals were elected to the governing body of the North Carolina Holocaust Foundation in 2019. Mr. Mr. Piasek passed in January of 2020.

**On Form 990: Part VI, Line 7b: Any governance decisions of the organization made by individuals other than the governing body**

In 2019, Karen Klaich was appointed to lead the Teacher Workshop Committee. Ms. Klaich had the power to appoint individuals onto the the Teacher Workshop Committee. The Teacher Workshop Committee created the teacher workshop schedule for the following school year, including (1) where teacher workshops would be held in North Carolina, (2) which individuals and which organizations would present at a teacher workshop, and (3) the subject content of each teacher workshop (e.g., Nazi Propaganda; Nazi Education; Nazi Eugenics and the Connection to North Carolina; Anti-Semitism, etc.). Ms. Klaich recommended to the members of the governing body the completed plan and sought approval from the governing body to proceed.

**On Form 990: Part VI, Line 9: Any member 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 - PASSED IN JANUARY OF 2020

Name of the organization <b>North Carolina Holocaust Foundation</b>	Employer identification number <b>56-1691582</b>
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On Form 990, Part VI, Line 11b Description of the process for review of Form 990 to all members of its governing body

The Chairman of the North Carolina Holocaust Foundation completed Form 1096, Form 990, and the following Schedules comprising Form 990: Schedule A, Schedule B, Schedule C, and Schedule O. The Chairman, and he alone, is responsible for the accuracy and the completeness of all information reported on Form 1096, Form 990, and the following Schedules comprising Form 990: Schedule A, Schedule B, Schedule C, and Schedule O. The Chairman, and he alone, is responsible for any and all mistakes or omissions on Form 1096, Form 990, and the following Schedules comprising Form 990: Schedule A, Schedule B, Schedule C, and Schedule O. In 2019, the Chairman reviewed the cash flow (donations and expenses) on a monthly basis with the Vice Chairman. In 2019, the Chairman reviewed the cash flow on a quarterly basis with the other three board members (there were a total of four board members on the North Carolina Holocaust Foundation in 2019). In February 2020, the Chairman provided the completed 2019 Form 1096, Form 990, and the following Schedules comprising Form 990: Schedule A, Schedule B, Schedule C, and Schedule O to the two other surviving members of the board (Mr. Piasek passed in January of 2020 and did not review the completed tax forms and schedules) prior to releasing Form 1096, Form 990, and the following Schedules comprising Form 990: Schedule A, Schedule B, Schedule C, and Schedule O to the IRS and prior to announcing to the public their availability.

On Form 990, Part VI, Line 15a. Determining compensation for the organization's CEO, Executive Director, or top management official

There is no compensation provided for any member of the governing body of the North Carolina Holocaust Foundation. There is no CEO and no Executive Director of the North Carolina Holocaust Foundation. The top management official on the North Carolina Holocaust Foundation is the Chairman. The Chairman is a member of the governing body and receives no compensation.

On Form 990, Part VI, Line 15b: Process of determining compensation for the organization's other officers or key employees

There are two officers on the North Carolina Holocaust Foundation. Mr. Abramson and Mr. Rifkin. Neither individual received compensation in 2019. Both individuals are members of the governing body of the North Carolina Holocaust Foundation. The North Carolina Holocaust Foundation employed no W-2 employees. Individuals who transported and set up exhibits, or who represented the NC Holocaust Foundation at conferences to promote the Foundation's services and programs and to recruit teachers to attend workshops and to attend the bus trip to Washington, or who represented the Foundation at a conference and presented at the conference, or who planned and presented at a teacher workshop received an honorarium that was negotiated between the individual and the Chairman of the Holocaust Foundation. These individuals essentially volunteered their time and skills and were paid a stipend for their work.

PLEASE CONTINUE THE REVIEW OF SCHEDULE O ON PAGE 4

Name of the organization <b>North Carolina Holocaust Foundation</b>	Employer identification number <b>56-1691582</b>
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**On Form 990: Part VI, Line 18 Making the Form 990 available for public inspection**

The North Carolina Holocaust Foundation utilizes two websites. One website is managed by the North Carolina Department of Public Instruction. The website address is [www.ncpublicschools.org/holocaust-council](http://www.ncpublicschools.org/holocaust-council). The other website is managed by the North Carolina Holocaust Foundation. The address for that website is [ncholocaustcouncilworkshops.org](http://ncholocaustcouncilworkshops.org). On both websites, the North Carolina Holocaust Foundation states that anyone interested in reviewing and inspecting the (1) current year's Form 990, the related Schedules from Form 990, and the Foundation's current year's financial statements or (2) previous years' Form 990, the related Schedules from Form 990, and previous years' financial statements can contact the Chairman (his name is provided) with his current email address and US Mail address. The Holocaust Foundation also encourages individuals to review the (1) Foundation's current year's Form 990, the related Schedules from Form 990, and the Foundation's current year's financial statements or (2) Foundation's previous years' Form 990, the related Schedules from Form 990, and previous years' financial statements on the official State Holocaust Observance program. Also on the program is the Chairman's name along with his current email address and US Mail address.

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

The North Carolina Holocaust Foundation utilizes two websites. One website is managed by the North Carolina Department of Public Instruction. The website address is [www.ncpublicschools.org/holocaust-council](http://www.ncpublicschools.org/holocaust-council). The other website is managed by the North Carolina Holocaust Foundation. The address for that website is [ncholocaustcouncilworkshops.org](http://ncholocaustcouncilworkshops.org). On both websites, the North Carolina Holocaust Foundation states that anyone interested in reviewing and inspecting the (1) current year's Form 990, the related Schedules from Form 990, and the Foundation's current year's financial statements or (2) previous years' Form 990, the related Schedules from Form 990, and previous years' financial statements can contact the Chairman (his name is provided) with his current email address and US Mail address. The Holocaust Foundation also encourages individuals to review the (1) Foundation's current year's Form 990, the related Schedules from Form 990, and the Foundation's current year's financial statements or (2) Foundation's previous years' Form 990, the related Schedules from Form 990, and previous years' financial statements on the official State Holocaust Observance program. Also on the program is the Chairman's name along with his current email address and US Mail address.

Name of the organization

North Carolina Holocaust Foundation

Employer identification number

56-1691582

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

No member of the governing body of the North Carolina Holocaust Foundation was compensated while representing the Foundation at promotional or educational events or while making presentations on behalf of the Foundation or while fundraising on behalf of the Foundation or while providing time and effort related to the services and programs of 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 \$5,040. Five (5) individuals each received an honorarium that totalled more than \$600.00. The number of individuals who received an honorarium that totalled more than \$600.00 is reflected on Form 1096 and Form 990, Part V, Line 1a. A Form 1099 was sent to each of the five individuals.

**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	\$27,000.00
o Jewish Federation of Raleigh-Cary	\$ 5,836.53
o Jewish Federation of Durham-Chapel Hill	\$ 1,500.00
o Greensboro Jewish Federation	\$ 1,250.00
TOTAL	\$35,586.53

**On Form 990: Part VIII, Line 1c: Fundraising events**

In 2019, and for the first time ever, the North Carolina Holocaust Foundation held parlor fundraising meetings. One meeting was in held in Greensboro and one meeting was held in Raleigh. Total donations received from the two parlor meeting were \$13,410.00.

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

The North Carolina Holocaust Foundation received its entire 2019-2020 Fiscal Year appropriation from the North Carolina Department of Public Instruction in the fall of 2019. The payer's TIN is 56-1492826. The appropriation originated from the North Carolina General Assembly.

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 VIII, Line 3(A): Investment income**

Investment income is in the form of interest from a Capital One N.A. savings account (payer's TIN 72-0210640).

**On Form 990: Part VIII, Line 8a and 8c: Gross income from fundraising events not including the \$13,410 reflected on Part VIII, Line 1c**

There was no other income generated from the two fundraising events reflected on Part VIII, Line 1c and Line 8a. The gross income generated from the two fundraising events totalled \$13,410.00 and is reflected on Part VIII, Line 1c and Line 8a. Gross / total expenses for the two fundraising events totalled \$226.25 and are reflected on Part 1, Line 16b; Part IX, Line 17 (D) as travel expenses associated with the total fundraising expenses; Part IX Line 24(d) Columns (A) and (D), non-travel expenses associated with the total fundraising expenses; and and Part IX, Line 25 (D), the total amount of fundraising expenses.

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

The North Carolina Holocaust Foundation provided grants to four organizations in 2019. All the grants supported the programs and services of the NC Holocaust Foundation and are accounted under "Program Service Expenses."

o Development Foundation of the North Carolina Center for the Advancement of Teaching (EIN 56-1884667) - \$500.00

This grant supported the North Carolina Center for the Advancement of Teaching's Holocaust Teacher Workshop Program.

o Defiant Requiem Foundation of Asheville (EIN 26-3238489) - \$400.00

This grant supported a Holocaust theater play in Asheville. Local high schools and the community were invited to see the play.

o UNC-Charlotte Global Studies Center for Holocaust, Genocide, and Human Rights (EIN 56-0791228) - \$250.00

This grant supported a three-day seminar on the Holocaust for UNC-Charlotte students and was promoted and open to the public.

o Temple Israel NC (EIN 56-0588476) - \$250.00

This grant supported a Holocaust Observance in Charlotte. The observance was well promoted in the Charlotte area and was open to the public.

**TOTAL \$1,400.00**

PLEASE CONTINUE THE REVIEW OF SCHEDULE O ON PAGE 7

Name of the organization

North Carolina Holocaust Foundation

Employer identification number

56-1691582

## On Form 990: Part IX, Line 17: Travel Expenses

	Total Expenses (A)	Program Service Expenses (B)	Mgmt & General Expenses (C)	Fundraising Expenses (D)
o Washington, DC, Bus trip	\$70.70	\$70.70		
o Teacher Workshops	\$2,502.84	\$2,502.84		
o Traveling Exhibits	\$4,009.00	\$4,009.00		
o Holocaust Observances	\$169.15	\$169.15		
o Meetings	\$1,674.68	\$1,674.68		
o Traveling Plays	\$98.25	\$98.25		
o Speakers Bureau	\$396.74	\$396.74		
o Fundraising	\$104.68			\$104.68
o Conferences	\$8.00		\$8.00	
<b>TOTAL</b>	<b>\$9,034.04</b>	<b>\$8,921.36</b>	<b>\$8.00</b>	<b>\$104.68</b>

## On Form 990: Part IX, Line 19: Conferences, Conventions and Meetings Expenses (NON-TRAVEL EXPENSES)

	Total Expenses (A)	Program Service Expenses (B)	Mgmt & General Expenses (C)	Fundraising Expenses (D)
o Conferences	\$703.15		\$703.15	
o Meetings	\$1,902.40	\$1,902.40		
<b>TOTAL</b>	<b>\$2,605.55</b>	<b>\$1,902.40</b>	<b>\$703.15</b>	

## On Form 990: Part IX, Line 24d: Fundraising Expenses

Total expenses for Fundraising were \$226.25 and are reflected on Part IX, Line 25(D). Fundraising expenses are divided between travel expenses and non-travel expenses. Travel expenses for Fundraising totalled \$104.68 and reflected on Part IX, Line 17(D). Non-travel expenses for Fundraising totalled \$121.57 and are reflected on Part IX, Line 24d (A) and (D).

PLEASE CONTINUE THE REVIEW OF SCHEDULE O ON PAGE 8

Name of the organization <b>North Carolina Holocaust Foundation</b>	Employer identification number <b>56-1691582</b>
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**On Form 990: Part IX, Line 24e: All Other Expenses (NON-TRAVEL EXPENSES)**

	Total Expenses (A)	Program Service Expenses (B)	Mgmt & General Expenses (C)	Fundraising Expenses (D)
<b>o Exhibits</b>	\$3,187.50	\$3,187.50		
<b>o Purchase of Books</b>	\$2,318.36	\$2,318.36		
<b>o Website</b>	\$99.00		\$99.00	
<b>o Postage</b>	\$74.56		\$74.56	
<b>o Traveling Plays</b>	\$2,157.88	\$2,157.88		
<b>TOTAL</b>	<b>\$7,837.30</b>	<b>\$7,663.74</b>	<b>\$173.56</b>	

**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 2019. 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 and to the operations of the North Carolina Holocaust Foundation.