## Penny Lane Museum

ARPA Nonprofit Capital Project Fund - Small
Purchases

## The Penny Lane Beatles Museum

Dr Robert Entel
amyrmaguire@icloud.com
730 BROADWAY, 2ND FLOOR 0: 727-656-8413
Dunedin, FL 34698

## Mrs Amy Ruth Maguire

| 730 Broadway | amyrmaguire@icloud.com |
| :--- | :--- |
| 2nd Floor | O: 727-656-8413 |
| Dunedin, FL 34698 | M: 727-656-8413 |

## Application Form

## Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: Download Application

The evaluation rubric that will be used to score your request is now available here: Download Rubric
Please pay attention to character limits while working on your draft. These limits include spaces.

## Organization Name*

The Penny Lane Beatles Museum

## Proposal Name*

Please choose a short name to identify this project within the grant portal:
Penny Lane Museum

## EIN*

83-1896322

## Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

2018

## Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.
The Penny Lane Beatles Museum is the largest collection of Beatles memorable in one location in the US. Situated in Dunedin, Florida, the Museum was started by Dr. Robert Entel and group of community leaders from Pinellas County dedicated to helping advance music in education, healing and provide a tourist attraction for Pinellas County and Florida.

The mission of the Penny Lane Museum is to enrich and enlighten attendees through a unique, interactive collection and education forum of the legendary Beatles and their impact on music, culture, and more.

The Museum has operated a small area ( 500 square feet) within Stirling Commons, 730 Broadway in Dunedin and is expanding. There were over 9,000 unique visitors in 2019. In 2020 and 2021 combined, there was less than 4,000 unique visitors, resulting in a $50 \%$ decline in attendance and loss in revenue.

## Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. This is different from a DUNS number, which the federal government no longer uses.

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): https://sam.gov/content/home

This field is optional as to not stop a qualifying organization from applying. However, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12
Forthcoming

## Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.
\$75,000.00

## Amount Requested*

The maximum grant amount is $\$ 199,999$.
\$148,000.00

## Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

## Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.
No

## Request Specifics

## Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization do and how long has it been doing it?

The Penny Lane Beatles Museum is the creation of long-time Dunedin resident and humanitarian, Dr. Robert Entel, who founded the museum in January 2017. The nonprofit museum collection is currently located at 730 Broadway, 2nd Floor, at Stirling Commons in downtown Dunedin. We purposely partner with artists at the Stirling to sell the benefit to visitors of Pinellas County's culture outreach. The Penny Lane Beatles Museum contains many extremely rare and highly collectible mementos from signed guitars and musical instruments to strands of the Beatles hair, from Yellow Submarine paraphernalia to Beatles puppets and pins...from many signed documents to a serape once owned by Ringo Starr. The Museum's original team included, co-founder, Colin Bisset who grew up in Liverpool and went to school with Pete Best's brother (the Beatles first drummer. He attended many performances at the Cavern Club and Casbah in the early sixties before they became the worldwide phenomenon known as the Beatles. Dr. Entel's intent is to build an experience both for casual visitors who might not know much of the Beatles' work and for the truly fanatical fans of the Fab Four.
The collection is one of the largest and most eclectic in the world and attracts visitors from all over Tampa Bay, the state of Florida, throughout the country, and around the world.

## Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Penny Lane is a cultural asset to Pinellas County and the greater Tampa Bay Region. It is unique and provides education, energy and fun for visitors. We believe the community need is not only to make a positive impact for our tourism industry but also to address needs in our backyards. Music is healing and can provide mental and physical benefits.

We are proud of our local commitment with the school system. We regularly host, free of charge, students of all ages from public and private schools in Pinellas County. We know the value of having youth, especially at risk and lower income, to experience music. To that end, we will be planning a community room as the venue for additional education and enlightenment.

Due to the positive response and our commitment to Pinellas County, we have decided to expand the museum to be immersive and to build a place where people of all ages can gather. Music is the glue that bonds people, it provides the joy that people need today. We currently have students visiting our museum and our future goals will be to reach out to Pinellas schools to build a more robust program on the history and impact the Beatles had, and continue to have on music. We continue to meet with local experts including, the Ringling College of Arts \& Design as well St. Pete College and other Tampa Bay area not for profits about collaboration. We believe music therapy is a valuable tool and plan to work closely with Baycare/Morton Plant and Morton Plant Mease on programming.

The need for cultural tourism is growing. The tourists and outreach we receive on our social tool is immense. The future location of the Penny Lane Museum will provide a location for growth. We purchased a building north of downtown Dunedin and have begun remodeling to build the new museum. We are working closely with the Dunedin Fine Arts Museum and other cultural facilities to discuss shared ticketing and promotion.

We currently offer free admission.

## Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

We opened our doors in 2017 and were annually hosting about 9,000 unique visitors. The negative impact from Covid was staffing and a decline of visitors by $50 \%$ over two years.

The negative economic impact of Covid was a clear indication that we should expand the foot print of the current 500 square foot Museum to offer additional opportunities for Floridians and tourists and their families from throughout Tampa Bay, Orlando and Sarasota. Losing both unique visitors and voluntary contributions during Covid prompted us to pursue this opportunity for capital assets to better serve the community need.

The negative economic harm from the pandemic stifled people from cultural experiences. With our decision to expand, these display cases will provide a way to maximize the impact of the collection and improve the educational impact for visitors.
As we battle the economic impact of the covid pandemic, the Penny Lane Beatles Museum will offer new, quality content as a tourist destination to the Tampa Bay Region.

## Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?
- How does it address the negative economic harm you described in the previous question?

The Penny Lane Beatles Museum will be a must visit site for members of our local community as well as tourists visiting the west coast and central Florida. The building exterior will be iconic and eye-catching.

These funds will be used to clearly display the Beatle memorabilia in an organized, meaningful manner and should last 50 plus years. These new cases address the negative impact because it allows us, if needed, to create a virtual museum if needed.

There will be fixed displays showcasing the early Beatle years, Beatlemania, clothing worn by each of the Beatles, collectables and novelties, instruments played by the Beatles, stand-alone items including a Ringo Starr Ludwig Drum Kit, Pinball Machines, Slot Machines, personal clothing and musical instruments, a Furniture Suite, and a Huffy Bicycle, original signed personal items owned by each Beatle, albums, posters, and photographs. In addition, visitors will see individual accomplishments of each Beatle, after the Beatles broke up, and perhaps most importantly, showcasing the cultural impact the Beatles had on American society as well as cultural icons in America in the 1960's.

The Penny Lane Beatles Museum will also be a 21st century museum aimed at introducing adults and children, of all ages to the Beatles, through a variety of immersive and interactive exhibits. We expect to appeal to both current Beatle fans, future Beatles fans, and K-12 teachers and students with digitized collections and related resources. With the planning and assistance of Klar \& Klar, architects, the Ringling School of Arts and Design in Sarasota, Creative Arts and other consultants we have engaged, we will improve the visitor experience by enabling guests to take photographs with their favorite Beatle and feel part of the 1960's music revolution.

## Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

> The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

## Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

Using these funds to purchase and design displays will benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? With our additional growth we will be targeting diverse populations for tours, events and offer discounted and free admission to certain groups.

The focus of the Penny Lane Beatles Museum will to engage the community and tourist of the impact of the Beatle music, culture and the historical relevance.

The music of the Beatles, their songs, albums, style, politics and covers, have inspired people to discover their creativity in art. They also influenced society by simply being themselves. The Beatles brought a new trend and helped bridge the cultural gap between young people and adults by making music that appealed to all age groups as well as all people of different backgrounds.

The Beatles' wild look, raw talent and disregard for tradition appealed to million. By the time the Beatles were filming their studio sessions in 1969, they had helped change American taste in music and fashion.

Today, we live in an era of an entirely different media and entertainment landscape. The Beatles legacy is transformative and multigenerational. Long gone are the days of highly influential radio stations and threenetwork television that helped the Beatles reach, entertain and unite American devotees. But even today, in the era of new media and streaming music, the Beatles continue to attract new generations of fans. In 2019, Paul McCartney and Ringo Starr reissued "Abbey Road," which reached No. 3 on the Billboard 200.
Meanwhile, Forbes recently reported that 18-to-29-year-olds represent 47 percent of the listeners of the Beatles' billions of streamed songs. That staying power is why today, more than half a century after the Beatles stopped making music as a band, young and old, black and white, gay and straight, continue to flock to the Beatles

## Number Served*

How many people will directly benefit from this capital purchase annually?

## Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?
Duplicated: A client is counted each time they access services
Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is duplicated. If ABC Food Bank counts Taylor's visit ONCE, it is unduplicated.
Other (Explanation Required Below)

## Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

Clients may be duplicated through the membership model AND unduplicated to include students, tourists, community members, first time visitors.

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link: https://www.huduser.gov/portal/sadda/sadda qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.


The 2022 Qualified Census Tracts (QCTs) and Difficult Development Areas (DDAs) are effective January 1, 2022. The 2022 designations use data from the 2010 Decennial c designation methodology is explained in the federal Register notice published September 9, 2021

## Map Options

10 Current Zoom LeveShow Difficult Development Areas (Zoom 7+)Color QCT Qualified Tracts (Zoom 7+)Show Tracts Outline (Zoom 11+)Show FMR Outlines (Zoom 4+)Show LIHTC Projects (Zoom 11+)

Click here for full screen map

## Select Year

○ 2022
2021


## Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: https://dos.myflorida.com/sunbiz/search/ new museum location: 2046 Bayshore Blvd Dunedin Florida

## QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

## No

## Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

## Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

The displays will be at the new museum location on Bayshore Blvd

## QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?
No

## Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

## Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

From years of collection, to collaborating with community partners, to opening the current Penny Lane Beatles Museum, the Entel family has been an economic and philanthropic engine in Pinellas County for over 50 years. We believe that to serve a growing need, to inform, educate and engage we need to expand our reach and build the new museum with numerous static/fixed displays as well as dynamic, interactive exhibitions.
Cultural arts partners are critical to tourism in our region. Our business plan includes aligning with local museums including but not limited to: Clearwater Marine Aquarium, The Dali, Dunedin Fine Arts Museum, St. Pete Fine Arts Museum, The Arts \& Crafts Museum, and others.
As we fulfill our mission to educate and engage our community, our valuable partners will include St. Pete College, USFSP, Pinellas School District, private schools, and healthcare partners. Meaningful collaborations with these groups will help grow our "local" tourists.
Some of our direct relationships include the following:

Dr. Robert Entel - Morton Plant Mease Health Care Foundation, Mease Hospitals, The Pinellas County Foundation, The Florida Holocaust Museum, Clearwater Free Clinic, Premier Free Clinic in Pasco County, The TOP Foundation and numerous Jewish charities in the Tampa Bay region.
Sydell Entel - founded the Dunedin Fine Center and the Syd Entel Art Galleries Dr. Irwin Entel - moved to Pinellas County in the early 60's and with his wife, Syd Entel, have been philanthropic pioneers and leaders in the fields of arts, fine arts, education, medical and Jewish community development/
Susan Benjamin - Syd Entel Galleries, Ruth Eckerd Hall, and numerous general community and Jewish community charities.

## Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

None of the above

## Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

None of the above

## Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable." Not applicable

## Proposal Costs

## Purchase Estimates/Bids*

## You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is BELOW $\$ 75,000$, you must upload TWO verifiable bids or estimates for the proposed purchases.
- If your purchase is EQUAL TO or MORE THAN \$75,000, you must upload THREE verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.
Combined Docs - Penny Lane.pdf

## Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.
NA

## Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

## Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If yes, identify the vendor and describe the relationship.
If no, write "No related parties below."

None of the vendors are related to our organization.

## Budget Summary*

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.
PennyLandBudget.xlsx
Please see additional information regarding display case visuals.

## Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

## Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.

We are proud to include local matche private funding for the display cases.

## Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project increases ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase decreases ongoing operating costs, how will it do so?
- If this purchase does not affect operating costs, please note so below.

In order to best serve our mission, the displays will be used at the new, renovated, museum in two ways: for "static," or fixed exhibits and the second in a more "dynamic," and immersive interactive manner.

We have an operational budget for the new museum and this project will increase our ability to serve and not impact the operational costs.

## Organization Documentation

## Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

## Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

Business Model for the Penny Lane 7.20.22v2.pdf

## Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.
PENNY LANE BEATLES MUSEUM BOD.docx

## IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.
Only PDF files are permitted.
PLBM990.pdf

## Most Recent Financial Statements*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

PLBM financial report1.pdf

## Insurance Requirements

## Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why. InsurancePLBM.pdf

## Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.
Yes, I understand and will comply with this requirement if awarded a contract.

## Post-Grant Requirements

## Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

## Additional Information

## Budget Summary

## NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.
Please note that indirect costs are not permitted for small purchases.
If you have additional notes to add to your budget summary, you may do so in the text box below.

## Additional Upload

If you have something to share, you can upload it here in PDF format.
PennyLaneAdditionalInfo.pdf

## Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?
See attached. We do have some renderings of the displays but the file is too large. is there a way to send?

## Brief Project Descriptor

Please briefly describe this organization's request.

## File Attachment Summary

## Applicant File Uploads

- Combined Docs - Penny Lane.pdf
- PennyLandBudget.xlsx
- Business Model for the Penny Lane 7.20.22v2.pdf
- PENNY LANE BEATLES MUSEUM BOD.docx
- PLBM990.pdf
- PLBM financial report1.pdf
- InsurancePLBM.pdf
- PennyLaneAdditionalInfo.pdf


## Penny Lane Beatle Museum <br> Bid \#1 from Creative Arts Inc.

From: summerb@creativeartsinc.com [summerb@creativeartsinc.com](mailto:summerb@creativeartsinc.com)
Sent: Tuesday, April 19, 2022 12:16 PM
To: 'Roberta Klar' [roberta@klarklar.com](mailto:roberta@klarklar.com)
Cc: 'rbarganier@creativeartsinc.com' [rbarganier@creativeartsinc.com](mailto:rbarganier@creativeartsinc.com)
Subject: Penny Lane Beatles Museum Concept Design Presentation

Good morning,

I spoke with Roger, and he said he would like to share our presentation with you and your client at this time. I have attached some very preliminary drawings and renders for you review. Please keep in mind that this is just a concept design and will be refined as we get further along. Colors and material choices are all subject to change. The total budgetary estimate we have quoted for all the display fixtures is $\$ 122,922$ (this does not include delivery or installation). This price is based only on our initial drawings and is very flexible. Please let me know if you have any questions or need anything else from me at this time.

I also wanted to confirm our meeting time on Monday, the $25^{\text {th }}$ at $10: 30$. Would you like to meet at our office, or should we meet at yours?

Thank you so much,

Summer Bray
Experiential Designer

Creative Arts Unlimited, Inc.
P: (727) 525-2066 ext. 109
F: (727) 525-8689
www.creativeartsinc.com

## Bid \#2

Artistic Spaces inc

From: Amy Maguire [amyrmaguire@icloud.com](mailto:amyrmaguire@icloud.com)
Sent: Saturday, September 17, 2022 5:09 PM
To: James Murray [design@artisticspacesinc.com](mailto:design@artisticspacesinc.com)
Subject: Re: Quote requested

Here are some photos of display units. Artistic Spaces is a local company and we would be glad to participate. Each display case will be custom made and created in Pinellas County. Each will cost about \$10,000 a piece.
Thank you
James

On Sep 8, 2022, at 12:11 PM, James Murray [design@artisticspacesinc.com](mailto:design@artisticspacesinc.com) wrote:
Here are some photos of display units. Let me know when would be a good time to meet and we can discuss in more
detail
Thank you
James
<https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg\&d=DwIFaQ\&c=euGZstcaTDIlvimEN8b7jXrwqOfv5A CdpgnVfiiMM\&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQSObOnICLSquHvE\&m=j1N6qfBkZvQEerzNTkqRe9IDnQR p5acmoZHIALPozKw\&s=5SWHAV8rRWTHL-OcEjuVXiPNNSLWnwojjJQ4ODtm1DU\&e=>
<https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg\&d=DwIFaQ\&c=euGZstcaTDIlvimEN8b7jXrwqOfv5A CdpgnVfiiMM\&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQSOb0nICLSquHvE\&m=j1N6qfBkZvQEerzNTkqRe9IDnQR p5acmoZHIALPozKw\&s=5SWHAV8rRWTHL-OcEjuVXiPNNSLWnwojjJQ4ODtm1DU\&e=>
<https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg\&d=DwIFaQ\&c=euGZstcaTDIlvimEN8b7jXrwqOfv5A CdpgnVfiiMM\&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0bOnICLSquHvE\&m=j1N6qfBkZvQEerzNTkqRe9IDnQR p5acmoZHIALPozKw\&s=5SWHAV8rRWTHL-OcEjuVXiPNNSLWnwojjJQ4ODtm1DU\&e=>
<https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg\&d=DwIFaQ\&c=euGZstcaTDIlvimEN8b7jXrwqOfv5A CdpgnVfiiMM\&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0bOnICLSquHvE\&m=j1N6qfBkZvQEerzNTkqRe9IDnQR p5acmoZHIALPozKw\&s=5SWHAV8rRWTHL-OcEjuVXiPNNSLWnwojjJQ4ODtm1DU\&e=>
<https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg\&d=DwIFaQ\&c=euGZstcaTDIlvimEN8b7jXrwqOfv5A CdpgnVfiiMM\&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0bOnICLSquHvE\&m=j1N6qfBkZvQEerzNTkqRe9IDnQR p5acmoZHIALPozKw\&s=5SWHAV8rRWTHL-OcEjuVXiPNNSLWnwojjJQ4ODtm1DU\&e=>
<https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg\&d=DwIFaQ\&c=euGZstcaTDIlvimEN8b7jXrwqOfv5A CdpgnVfiiMM\&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0bOnICLSquHvE\&m=j1N6qfBkZvQEerzNTkgRe9IDnQR p5acmoZHIALPozKw\&s=5SWHAV8rRWTHL-0cEjuVXiPNNSLWnwojjJQ4ODtm1DU\&e=>
<https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg\&d=DwIFaQ\&c=euGZstcaTDIlvimEN8b7jXrwqOfv5A CdpgnVfiiMM\&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0b0nICLSquHvE\&m=j1N6qfBkZvQEerzNTkqRe9IDnQR p5acmoZHIALPozKw\&s=5SWHAV8rRWTHL-0cEjuVXiPNNSLWnwojjJQ4ODtm1DU\&e=>
<https://urldefense.proofpoint.com/v2/url?u=http-3A image.jpg\&d=DwIFaQ\&c=euGZstcaTDIlvimEN8b7jXrwqOfv5A CdpgnVfiiMM\&r=CGaesOm8ejCyQp5fl2Kcx9eH50jgQS0bOnICLSquHvE\&m=j1N6qfBkZvQEerzNTkqRe9IDnQR p5acmoZHIALPozKw\&s=5SWHAV8rRWTHL-0cEjuVXiPNNSLWnwojjJQ4ODtm1DU\&e=>

Display Case Bid Information

We have been in contract for bids with several companies. We are trying to keep our vendors local. These vendors have quoted between $\$ 7,500-\$ 15,000$. We submitted the budget for $\mathbf{\$ 1 0 , 0 0 0}$ per case.

The three local vendors we are working with to create the display cases are:
Artistic Spaces Inc, St Petersburg Florida
Klar \& Klar/Creative Design Pinellas Park, Florida
Workscapes, Tampa, Florida
Our delay in securing final bids is that these cases will be custom created. And we only received approval from Dunedin's DRC (Development Review Committee) to move forward with The Penny Lane Beatles Museum project on September 1.

Some potential visuals include:


## ARPA Nonprofit Capital Project Fund - Small Purchases Budget

Organization Name:
Proposal Name:

| A | B | C | D | E |  | F |  | G |  | H |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Line <br> Item | Item (Description) | Price Per Item | Quantity of Item |  | urchase <br> Total |  | Funds ted |  | Applicant Match |  | g Total |
| 1 | Display cases for Beatle Memo | \$ 10,000.00 | 30 | \$ | 300,000 | \$ | 148,000 | \$ | 152,000.00 | \$ | 300,000 |
| 2 |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
| 3 |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ - |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | \$ - |  | \$ | - | \$ | - | \$ | - | \$ | - |
|  |  | TOTAL | 30 | \$ 300,000 |  | \$ 148,000 |  | \$ | 152,000 | 300,000 |  |

THE "PURCHASE TOTAL" AND "FUNDING TOTAL" COLUMN SHOULD BE EQUAL
Columns E, H , and the "TOTAL" row are locked and cannot be edited
Key

| Item (Description) | Brief name/description of the purchase requested |  |  |
| :--- | :--- | :--- | :--- |
| Price per item | The individual price of one unit of the proposed purchase |  |  |
| Quantity of Item | The number of units of the proposed purchase you are requested |  |  |
| Purchase Total | Total purchase cost of the proposed line item (quantity multipled by price) |  |  |
| ARPA Grant Funds Requested | The amount of ARPA funding requested for this line item |  |  |
| Applicant Match | The amount (if any) that you, the applicant, are contributing towards the purchase of the line item |  |  |
| Funding Total | Total funding for proposed line item (ARPA grant request plus applicant match) |  |  |

# Penny Lane Beatles Museum <br> Business Plan DRAFT 

## INTRODUCTION AND EXECUTIVE SUMMARY

This Business Plan for the Penny Lane Beatles Museum was developed by Museum Insights in conjunction with Amplify Partners. This plan outlines the revenue and expenses related to opening and operating the planned museum.

This plan consists of four parts:

1. Operating Business Models for the first full year of operation beginning January 1, 2024.
2. A projected Pre-opening Budget for the period from June 1, 2022, to December 31, 2023.
3. A Capital Project Budget and Cash Flow Analysis. This includes the budget for the design, construction and exhibits for the new museum, as previously presented. A projected Cash Flow Analysis includes all the above.

Two Operating Business Models were developed based on different projections for annual attendance. The models project an operating budget of between $\$ 420,000$ and $\$ 508,000$.

The income models are based on two projected attendance models of 15,000 and 25,000 per year. Earned income covers $40 \%$ and $55 \%$ of expense in the low- and high-attendance models respectively. Income from annual contributions will be needed to fill the gap between earned income and operating expenses.

The projected Pre-opening Budget for operating and fundraising campaign related expenses of $\$ 138,000$ for the remainder of 2022 and $\$ 476,000$ for 2023.

The Capital Budget, which was presented in an earlier report, remains at $\$ 4.6$ million for Phase 1 and $\$ 7.3$ million for Phases $1 \& 2$ combined.

The Cash Flow Analysis combines the above models and budgets and estimates the timing of expenses. It provides the basis for a Funding Plan to be developed by Amplify Partners.

## 1. OPERATING BUSINESS MODELS

The following budget is for the first full year of operations, currently projected to begin January 1,2024 . It is based on a set of assumptions outlined below. The model can be adjusted should any of these assumptions change.

| Summary |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Income: |  |  | Low Model | High Model | Variance |
|  | Total Admissi | ons | \$142,500 | \$237,500 | \$95,000 |
|  | Store Sales (n | et of COG) | 30,000 | 50,000 | 20,000 |
|  | Memberships |  | 22,500 | 37,500 | 15,000 |
|  | Contributed I | ncome | 235,000 | 190,000 | $(45,000)$ |
|  | Total Income |  | 430,000 | 515,000 | 85,000 |
|  |  |  |  |  |  |
| Expense |  |  |  |  |  |
|  | Salaries \& Wa | ges | 238,608 | 296,304 | 57,696 |
|  | OTPS*Expens |  |  |  | - |
|  |  | Exhibits \& Programs | 16,000 | 16,000 | - |
|  |  | Marketing \& Public Relations | 11,300 | 11,300 | - |
|  |  | Admin, Finance \& HR | 66,850 | 66,850 | - |
|  |  | MIS \& Tech | 18,100 | 18,100 | - |
|  |  | Facilities | 61,000 | 64,120 | 3,120 |
|  |  | Offsite Storage | - | 25,000 | 25,000 |
| Total OTPS | Expense |  | 173,250 | 201,370 | 28,120 |
| 5\% OTPs Exp | xpense Conting | gency | 8,663 | 10,069 | 1,406 |
| Grand Tot |  |  | \$ 420,521 | \$ 507,743 | \$ 87,222 |
|  |  |  |  |  | - |
| Net Surplus | s/(Deficit) |  | \$ 9,480 | 7,258 | \$ (2,222) |
|  |  |  |  |  |  |
| *other than personal services |  |  |  |  |  |

## Income

The three main sources of income for a nonprofit museum:

1. Earned Revenue: including Admission Fees, Store sales, and Event Rentals.
2. Contributed revenue: including Memberships, Annual Fund, Government Support (Local, State and Federal), Foundation \& Corporate support, and Benefit events.
3. Investment/Endowment income with an annual draw of $4 \%-5 \%$ of 12 -quarter rolling average of investment market value. (not included in these models)

Museum income projections are based on a set of assumptions or educated estimates. These include:

1. Annual Attendance
2. Admission fees
3. Store per capita
4. Number of event rentals
5. Membership price levels and projected enrollment
6. Anticipated donations
7. Endowment draw

## Attendance Projections:

We have the following recent history of the museum at its current location:

|  | 2022 | 2021 | 2020 | 2019 |
| :---: | :---: | :---: | :---: | :---: |
| JANUARY | 804 | 391 | 775 | 819 |
| FEBRUARY | 1080 | 491 | 942 | 736 |
| MARCH | 1178 | 552 | 111 | 1005 |
| APRIL | 794 | 584 | 0 | 529 |
| MAY | 704 | 598 | 55 | 451 |
| JUNE |  | 548 | 0 | 431 |
| JULY |  | 668 | 0 | 612 |
| AUGUST |  | 499 | 0 | 531 |
| SEPTEMBER |  | 459 | 0 | 364 |
| OCTOBER |  | 666 | 247 | 496 |
| NOVEMBER |  | 616 | 277 | 615 |
| DECEMBER |  | 507 | 182 | 386 |
|  | 4,562 | 3,963 |  | 8,994 |

Combining the first five months of 2022 with the last seven months of 2021 yields a total projected 2022 attendance of 8,525.

We have created two admission models which assume that the current interest in the museum will increase once the museum is located in an improved facility. One model projects 25,000 visitors a year, roughly 3 times the current attendance. The second model projects 15,000 or 1.8 times the current attendance. The museum's hours will be expanded.

|  | DAYS OPEN | TIMES OPEN | DAILY | WEEKLY |
| :--- | :---: | :---: | :--- | :--- |
| CURRENT HOURS: | Thursday - Sunday | $11: 00-3: 00 \mathrm{pm}$ | 4 hours | 16 hours |
| PROPOSED LOW: | Thursday-Monday | $10: 00-5: 00 \mathrm{pm}$ | 7 hours | 35 hours |
| PROPOSED HIGH: | Wednesday-Monday | $10: 00-5: 00 \mathrm{pm}$ | 7 hours | 42 hours |

Note that the high attendance projection represents a maximum possible attendance without negatively impacting the visitor experience because of the size of the exhibit area and the number of parking spaces in the Phase 1 building design.

## ADMISSION PRICING

The following factors are important to consider when establishing admission prices:

1. The expected length of stay at the museum based on the size of the exhibits.
2. What other museums in the area are charging.
3. The public's interest in the content.
4. The level of investment in marketing and public relations campaigns.

Here are what some of the museums in the area are charging for admissions:

|  | RINGLING MUSEUM | DALI MUSEUM OFFSEASON | DALI MUSEUM IN-SEASON | ST PETE HISTORY | ST PETE FINE ARTS | america <br> $\stackrel{N}{\text { VICTORY }}$ mARINER 'S MUSEU M | HENRY B. PLANT MUSEUM | $\begin{aligned} & \text { FLORIDA } \\ & \text { AIR } \\ & \text { MUSEUM } \end{aligned}$ | TAMPA BAY HISTORY CENTER | PROJECTED PENNY LANE |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | $\begin{gathered} 5 / 1- \\ 11 / 24 \end{gathered}$ | $\begin{gathered} 11 / 25- \\ 4 / 30 \end{gathered}$ |  |  |  |  |  |  |  |
| ADULT | \$25.00 | \$25.00 | \$29.00 | \$15.00 | \$20.00 | \$12.00 | \$12.00 | \$15.00 | \$16.95 | \$12.00 |
| SENIOR | \$23.00 | \$23.00 | \$27.00 | \$12.00 | \$15.00 | \$10.00 | \$10.00 | \$12.00 | \$14.95 | \$10.00 |
| MILITARY, POLICE, TEACHER |  | \$23.00 | \$27.00 | \$9.00 | \$15.00 |  | \$9.00 | Free | \$14.95 | \$10.00 |
| STUDENT (13-17) |  | \$18.00 | \$20.00 |  |  |  |  | \$10.00 |  |  |
| CHILD (7-17) | \$5.00 |  |  | \$9.00 | \$10.00 | \$7.00 | \$7.00 |  | \$12.95 | \$10.00 |
| CHILD (6-12) |  | \$10.00 | \$12.00 |  |  |  |  |  |  |  |
| UNDER 6 | Free | Free | Free | Free | Free | Free | Free | Free | Free | Free |
| MEMBERS | Free | Free | Free | Free | Free | Free | Free | Free | Free | Free |
| MEMBERSHIPS |  |  |  |  |  |  |  |  |  |  |
| INDIVIDUAL | \$75.00 | \$70.00 | \$70.00 | \$50.00 | \$60.00 | \$35.00 | \$50.00 | \$50.00 | \$65.00 | \$50.00 |
| DUAL | \$125.00 | \$100.00 | \$100.00 | \$65.00 | \$150.00 | \$55.00 | \$100.00 | \$75.00 | \$85.00 | \$100.00 |
| FAMILY | \$135.00 | \$125.00 | \$125.00 | \$75.00 | \$150.00 | \$75.00 | \$100.00 | \$100.00 | \$95.00 | \$100.00 |

Assumptions: The proposed business model is based on a $\$ 12.00$ full price and $\$ 10.00$ discounted admission price. Given that the current museum is free and that the exhibit space within the museum in Phase 1 will be limited to 2,000 square feet we feel this is the
appropriate price to begin with. Later, following the Phase 2 expansion, the price could be raised.

Membership allows visitors to come multiple times during the year. Others join to be affiliated with the museum and its mission. Most members will be local and will use their membership to visit the museum on a regular basis. Other members may live a distance away but want to be alerted to special programs and newsletters. Members are often a good source of potential donors.

The pricing of memberships is generally tied to the admissions price. For this model we priced single memberships at $\$ 50$ and family memberships at $\$ 100$. There will also be premium memberships available at the $\$ 250, \$ 500, \$ 1,000$ and higher levels which will be considered contributed income. We are projecting that the number of memberships will be $2 \%$ of the total attendance and the number of member visits will be $5 \%$ of the total visitation.

## STORE SALES

Store sales are projected based on an average per-capita spend. Based on the information provided by the museum, the current per-capita spend in the store is about $\$ 1.20$. We believe that with the right merchandise mix the per capita spend will increase to $\$ 4.00$. Cost of goods (COG) will vary from $50 \%$ for licensed Beatles merchandise and significantly less for Penny Lane branded merchandise. Developing the right mix of these two merchandise types will be important for increasing net income from the store.

## RENTAL INCOME

The current space plan does not provide appropriate space for rentals. Therefore, rental income is not a budget factor at this time. Rentals often provide an important income stream for museums and developing space for rental may be an appropriate consideration if the museum expands in the future.

## CONTRIBUTED INCOME

Contributed income includes annual campaign, special event fundraisers, premium memberships, individual contributions, along with government, foundation, and corporate support.

## ENDOWMENT DRAW

We have not included any endowment income in these models.

## Low \& High Attendance Income Projections

Based on the above assumptions, the following table outlines the Low \& High Attendance income projections:

|  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | LOW Attendance Model |  | HIGH Attendance Model |  |
| Museum hours 10:00-5:00. |  |  | Thurs-Mon | 5 days | Wed-Mon | 6 days |
| Projected Attendance |  |  | 15,000 |  | 25,000 |  |
| INCOME: |  |  |  |  |  |  |
| Type | \% of Attendance | Price | Attendance | Revenue | Attendance | Revenue |
| Full Price | 50\% | \$12.00 | 7,500 | \$90,000 | 12,500 | \$150,000 |
| Discounted | 35\% | \$10.00 | 5,250 | \$52,500 | 8,750 | \$87,500 |
| Comp | 10\% | \$0.00 | 1,500 | \$0 | 2,500 | \$0 |
| Member | 5\% | \$0.00 | 750 | \$0 | 1,250 | \$0 |
| Total Admissions | 100\% |  | 15,000 | \$142,500 | 25,000 | \$237,500 |
|  |  |  |  |  | - |  |
| Store | Per capita | \$4.00 |  | \$60,000 |  | \$100,000 |
|  | Cost of goods | 50\% |  | -\$30,000 |  | -\$50,000 |
|  | Net Store sales |  |  | \$30,000 |  | \$50,000 |
|  |  |  |  |  |  |  |
| Members- Single |  | \$50.00 | 150 | \$7,500 | 250 | \$12,500 |
|  |  | \$100.00 | 150 | \$15,000 | 250 | \$25,000 |
|  |  |  | 300 | \$22,500 | 500 | \$37,500 |
|  |  |  |  |  |  |  |
| Contributed Income |  |  |  | \$235,000 |  | \$200,000 |
|  |  |  |  |  |  |  |
| Total Income |  |  |  | \$430,000 |  | \$525,000 |

In High Attendance Model, the museum is open another day per week. Earned income through admissions sales and store sales increases by $\$ 130,000$ while the need for contributed income is reduced by $\$ 35,000$. As a result, the High Attendance model generates $\$ 95,000$ more that the Low Attendance model.

## EXPENSE MODELS

Expenses generally fall into two categories: those that are fixed and those that are variable. Fixed costs include most costs of occupancy like utilities, insurance, and maintenance. The variable costs include staffing, programming, marketing, and fundraising expense. Often for museums, staff costs can account for $50 \%$ or more of an institution's budget. In the High Attendance Model, an Executive Assistant and additional hours for the Visitor Services staff are added. The salaried positions include $26 \%$ fringe to cover health care and other benefits. Hourly, part-time positions are budgeted with a $10 \%$ fringe rate.

Proposed staffing model:


A Museum Director should be hired as soon as Fall 2022 to help manage the creation of the new museum. The Museum Director reports to the Board of Directors. The Director is responsible for daily operations, finances, fundraising, and serves as the spokesperson for the museum. The Director is supported by the Assistant to the Director who will be responsible for recording and managing the fundraising data for the museum as well as providing other support to the Director and the Board.

The Retail/Business Manager will be responsible for purchasing store merchandise and for managing the admission staff and operations. They will also supervise the Visitor Services staff. Visitor Services staff will be responsible for collecting admission fees, store sales and assisting visitors in the museum.

When the museum is open, two visitor services staff should be working. In addition, the Museum Director and Retail/Business Manager will share the responsibility for opening and closing the museum. The Museum Director and Retail/Business manager will be full-time positions. Visitor Services staff will be hourly part-time and are limited to 30 -hours per week. Volunteer docents could supplement the staff and provide information on the exhibits to the visitors. In addition to staff, the museum will contract for cleaning and custodial services and for groundskeeping, including lawns and plantings.

|  |  |  | Low Model | High Model |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Staff Position | Start Date | Base | with fringe | with fringe | Variance |
| Museum Director | 10/1/22 | \$80,000 | \$100,800 | \$ 100,800 | \$ |
| Director's Ex | 10/1/23 | 35,000 |  | 44,100 | 44,100 |
| Retail/Business Manager | 10/1/23 | 55,000 | 69,300 | 69,300 | - |
|  |  |  |  |  | - |
| Visitor Services PT staff | 12/1/23 |  | 68,508 | 82,104 | 13,596 |
|  |  |  | 238,608 | 296,304 | 57,696 |

The following table breaks out non-personnel expenses by Department. The High model includes additional facilities costs because the museum is open more days per week and to cover the cost of off-site storage. In the low model, it is assumed that the collection will be stored on site.

| EXPENSE |  | Low Model | High Model | Variance |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Total Salaries \& Fringe |  | 238,608 | 296,304 | 57,696 |  |
| OTPS Expense by Department |  |  |  |  |  |
|  | Exhibits \& Programs | \$16,000 | \$16,000 | - |  |
|  | Development | 0 | 0 | - |  |
|  | Marketing \& Public Relations | 11,300 | 11,300 | - |  |
|  | Admin, Finance \& HR | 66,850 | 66,850 | - |  |
|  | MIS \& Tech | 18,100 | 18,100 | - |  |
|  | Facilities | 61,000 | 64,120 | 3,120 | Open more days |
|  | Offsite Storage | 0 | 25,000 | 25,000 | Add offsite Storage |
| TOTAL SUPPORTING EXPENSE |  | 173,250 | 201,370 | 28,120 |  |
| 5\% OTPs Expense Contingency |  | 8,663 | 10,069 | 1,406 |  |
| TOTAL EXPENSE |  | \$420,521 | \$507,743 | 87,222 |  |
| Net Surplus/(Deficit) |  | \$10,280 | \$8,058 | $(2,222)$ |  |

The following table breaks down the above expenses by function:


## 2. PRE-OPENING BUDGET

The following budget is for the 18 months prior to the opening day of January 1, 2024. In addition to pre-opening staff and facility costs, the museum will also need to budget for outside consultants needed to support the capital campaign, lobbying activities, and for the promotion of the opening of the museum.

Staff salaries and other expenses are prorated for each year.


## 3. CAPITAL PROJECT BUDGET AND PROJECTED CASH FLOW ANALYSIS

The following cashflow analysis through Phase 1 totals $\$ 4.7$ million. It includes capital expenditures and operating and campaign expenses through opening day (1/1/24).

| Phase 1 Construction and Cash Row |  |  | 2022 | 2022 | 2023 | 2023 | 2023 | 2023 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Phase 1 | 3rd quarter | 4th quarter | 1st quarter | 2nd quarter | 3rd quarter | 4th quarter |
| Construction | \$400 per sq ft | \$1,952,000 |  |  |  |  |  |  |
| Site Development | 10\% | 195,200 |  |  |  |  |  |  |
| Total Construction cost |  | 2,147,200 |  |  | \$715,733 | \$715,733 | \$715,733 |  |
| Design \& Project Mgt | 20\% | 429,440 | 214,720 | 214,720 |  |  |  |  |
| FFE, IT, Fit-out \& Start-up | 20\% | 429,440 |  |  |  |  | 214,720 | 214,720 |
| Exhibit Design \& Construction | \$250 per sq ft | 500,000 |  | 125,000 | 125,000 | 125,000 | 125,000 |  |
|  |  | 3,506,080 |  |  |  |  |  |  |
| Contingency | 15\% | 525,912 | 32,208 | 50,958 | 126,110 | 126,110 | 158,318 | 32,208 |
| Total Capital Costs |  | 4,031,992 | 246,928 | 390,678 | 966,843 | 966,843 | 1,213,771 | 246,928 |
|  |  |  |  |  |  |  |  |  |
| Startup Operating Expense |  | 262,068 | 18,850 | 18,850 | 56,092 | 56,092 | 56,092 | 56,092 |
|  |  |  |  |  |  |  |  |  |
| Amplify Partners - Project Mgt \& Campaign |  | 198,000 | 33,000 | 33,000 | 33,000 | 33,000 | 33,000 | 33,000 |
| Marketing/PR |  | 60,000 |  |  | 15,000 | 15,000 | 15,000 | 15,000 |
| Lobbying |  | 90,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 |
| Total |  | \$4,642,060 | \$313,778 | \$457,528 | \$1,085,935 | \$1,085,935 | \$1,332,863 | \$366,020 |

Should Phases 1 and 2 of construction be combined, the cash flow needs through opening day (1/1/24) would be $\$ 7.9$ million.

| Phase 1 \& 2 Contruction and Cash Flow |  |  | 2022 | 2022 | 2023 | 2023 | 2023 | 2023 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Phase 1 \& 2 | 3 rd quarter | 4th quarter | 1st quarter | 2nd quarter | 3rd quarter | 4th quarter |
| Renovation | \$400 per sq ft | 3,539,000 |  |  |  |  |  |  |
| Site Development | 10\% | 353,900 |  |  |  |  |  |  |
| Total Construction cost |  | 3,892,900 |  |  | 1,297,633 | 1,297,633 | 1,297,633 |  |
|  |  |  |  |  |  |  |  |  |
| Design \& Project Mgt | 20\% | 778,580 | 389,290 | 389,290 |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| FFE, IT, Fit-out \& Start-up | 20\% | 778,580 |  |  |  |  | 389,290 | 389,290 |
|  |  |  |  |  |  |  |  |  |
| Exhibit Design \& Construction | \$250 per sq ft | 875,000 |  | 218,750 | 218,750 | 218,750 | 218,750 |  |
|  |  | 6,325,060 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Contingency | 15\% | 948,759 | 58,394 | 91,206 | 227,458 | 227,458 | 285,851 | 58,394 |
|  |  | 7,273,819 | 447,684 | 699,246 | 1,743,841 | 1,743,841 | 2,191,524 | 447,684 |
|  |  |  |  |  |  |  |  |  |
| Startup Operating Expense |  | 262,068 | 18,850 | 18,850 | 56,092 | 56,092 | 56,092 | 56,092 |
|  |  |  |  |  |  |  |  |  |
| Amplify Partners- Project Mgt \& | Campaign | 198,000 | 33,000 | 33,000 | 33,000 | 33,000 | 33,000 | 33,000 |
| Marketing/PR |  | 60,000 | - | - | 15,000 | 15,000 | 15,000 | 15,000 |
| Lobbying |  | 90,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 | 15,000 |
|  |  | - |  |  |  |  |  |  |
| Total Cash flow needs by quarter |  | \$ 7,883,887 | \$ 514,534 | \$ 766,096 | \$ 1,862,933 | \$ 1,862,933 | \$ 2,310,616 | \$ 566,775 |

## PENNY LANE BEATLES MUSEUM, INC. OFFICERS AND BOARD OF DIRECTORS

## 1. Officers:

a. Dr. Robert Entel, President - see bio in application
b. Dr. Irwin Entel, Treasurer - see bio in application
2. Board of Directors
a. Susan Benjamin
b. Nancy Ridenour, community advocate, Chair Morton Plant Mease Foundation,
c. Anne Quick Barr, Executive director of Sonoco Fresh, previous work has included leader of Greenville County Museum of Art head of education and community programs.
d. John Freeborn, Esq. - community advocate, involved in many local not-for-profits

May 23, 2022

PENNY LANE BEATLES MUSEUM, INC.
730 BROADWAY, 2ND FLOOR
DUNEDIN, FL 34689

PENNY LANE BEATLES MUSEUM, INC.:
Enclosed is the organization's 2021 Exempt Organization return.
Specific filing instructions are as follows.
FORM 990 RETURN:
This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.
Very truly yours,

Carr, Riggs \& Ingram, LLC

## TAX RETURN FILING INSTRUCTIONS

FORM 990

## FOR THE YEAR ENDING

December 31, 2021

## Prepared For:

PENNY LANE BEATLES MUSEUM, INC.
730 BROADWAY, 2ND FLOOR
DUNEDIN, FL 34689

## Prepared By:

Carr, Riggs \& Ingram, LLC
600 Cleveland Street, Suite 1000
Clearwater, FL 33755

## Amount Due or Refund:

Not applicable

## Make Check Payable To:

Not applicable
Mail Tax Return and Check (if applicable) To:
Not applicable

## Return Must be Mailed On or Before:

Not applicable

## Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office using our secure file transfer website - https://cricpa.sharefile.com/share/filedrop. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2022


PIN: check one box only

| X I authorize CARR, RIGGS \& INGRAM, LLC | ERO firm name | to enter my PINEnter five numbers, but <br> do not enter all zeros |
| ---: | :--- | ---: | :--- |

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.
$\square$ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax $>$ Date $>$

| Part III | Certification and Authentication |
| :--- | :--- |

ERO's EFIN/PIN. Enter your six-digit electronic filing identification
number (EFIN) followed by your five-digit self-selected PIN.

## 61989636331 <br> Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.
ERO's signature CARR, RIGGS \& INGRAM, LLC Date 05/23/22

# ERO Must Retain This Form - See Instructions <br> Do Not Submit This Form to the IRS Unless Requested To Do So 

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.
Form 8879-TE (2021)

102521 01-11-22

EXTENDED TO NOVEMBER 15, 2022

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


## 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.
Type or print name and title

| Print/Type preparer's name CATHERINE HAUG |  | Preparer's signature | Date |  | Check $\quad \square$ifself-employed |  | $\begin{gathered} \text { PTIN } \\ \text { P01395474 } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Firm's name CARR, RIGGS \& INGRAM, LLC |  |  |  | m'sEIN **-***6621 |  |  |  |
| Firm's address 600 CLEVELAND STREET, SUITE 1000 <br>  CLEARWATER, FL 33755 |  |  |  | Phone no.727.446.0504 |  |  |  |

## Form 990 (2021) <br> PENNY LANE BEATLES MUSEUM, INC.

Check if Schedule O contains a response or note to any line in this Part III
1 Briefly describe the organization's mission:
TO ORGANIZE, BUY, SELL, COLLECT, CONSERVE, LEND AND DISPLAY BEATLES MEMORABILIA AND OTHER RELATED MATERIALS, INCLUDING BUT NOT LIMITED TO THE OWNERSHIP AND OPERATION OF A MUSEUM OR OTHER EXHIBITS, ORGANIZATION OF TRAVELING EXHIBITS AND OTHER PROMOTIONAL ACTIVITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

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?

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: $\quad$ ) (Expenses \$ 20,144. including grants of \$ ) (Revenue \$ 5, 141. )

TO ORGANIZE, BUY, SELL, COLLECT, CONSERVE, LEND AND DISPLAY BEATLES MEMORABILIA AND OTHER RELATED MATERIALS, INCLUDING BUT NOT LIMITED TO THE OWNERSHIP AND OPERATION OF A MUSEUM OR OTHER EXHIBITS, ORGANIZATION OF TRAVELING EXHIBITS AND OTHER PROMOTIONAL ACTIVITY.
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\square$

$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\qquad$
$\square$
4d Other program services (Describe on Schedule O.)

| (Expenses $\$$ | including grants of $\$$ | ) (Revenue $\$$ |
| :--- | :---: | :--- |
| 4 e Total program service expenses | $20,144$. | ) |

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 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
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 Rev. Proc. 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

|  | Yes | No |
| :---: | :---: | :---: |
| 1 | X |  |
| 2 | X |  |
| 3 |  | X |
| 4 |  | X |
| 5 |  | X |
| 6 |  | X |
| 7 |  | X |
| 8 |  | X |
| 9 |  | X |
| 10 |  | X |
| 11a |  | X |
| 11b |  | X |
| 11c |  | X |
| 11d | X |  |
| 11e |  | X |
| 11 f |  | X |
| 12a |  | X |
| 12b |  | X |
| 13 |  | X |
| 14a |  | X |
| 14b |  | X |
| 15 |  | X |
| 16 |  | X |
| 17 |  | X |
| 18 |  | X |
| 19 |  | X |
| 20a |  | X |
| 20b |  |  |
| 21 |  | X |

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete Schedule J
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $\$ 100,000$ as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No, " go to line 25a
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes, " complete Schedule L, Part I
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 -EZ? If "Yes, " complete Schedule L, Part I
26 Did the organization report any amount on Part X, line 5 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? If "Yes, " complete Schedule L, Part II
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? If "Yes, " complete Schedule L, Part III
28 Was the organization a party to a business transaction with one of the following parties (see the 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? If "Yes, " complete Schedule L, Part IV
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV
c A 35\% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If
"Yes, " complete Schedule L, Part IV
29 Did the organization receive more than $\$ 25,000$ in non-cash contributions? If "Yes, " complete Schedule $M$
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes, " complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes, " complete Schedule N, Part I
32 Did the organization sell, exchange, dispose of, or transfer more than $25 \%$ of its net assets? If "Yes, " complete Schedule N, Part II
33 Did the organization own 100\% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes, " complete Schedule R, Part I
34 Was the organization related to any tax-exempt or taxable entity? If "Yes, " complete Schedule R, Part II, III, or IV, and Part V, line 1
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes, " complete Schedule R, Part V, line 2
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
If "Yes, " complete Schedule R, Part V, line 2
37 Did the organization conduct more than $5 \%$ of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule 0

|  | Yes | No |
| :---: | :---: | :---: |
| 22 |  | X |
| 23 |  | X |
| 24a |  | X |
| 24b |  |  |
| 24c |  |  |
| 24d |  |  |
| 25a |  | X |
| 25b |  | X |
| 26 |  | X |
| 27 |  | X |
|  |  |  |
| 28a |  | X |
| 28b |  | X |
| 28c |  | X |
| 29 | X |  |
| 30 |  | X |
| 31 |  | X |
| 32 |  | X |
| 33 |  | X |
| 34 |  | X |
| 35a |  | X |
| 35b |  |  |
| 36 |  | X |
| 37 |  | X |
| 38 | X |  |

## 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 <br> b Enter the number of Forms W-2G included on line 1a. Enter -0-if not applicable |  | 1a | 3 |  |  |  |
|  |  | 1b | 0 |  |  |  |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? |  |  |  | 1c | X |  |

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
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 1 a and 2 a is greater than 250 , you may be required to e-file. See instructions.
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 on Schedule O
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).
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?
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?

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?
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
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?
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?
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?
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, line 12
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

| $11 a$ |  |
| :---: | :--- |
| $11 b$ |  |

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
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.
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
c Enter the amount of reserves on hand
14a Did the organization receive any payments for indoor tanning services during the tax year?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule $O$
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 the instructions and file Form 4720, Schedule N.
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.
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953 ? If "Yes," complete Form 6069.

## Section A. Governing Body and Management

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 on Schedule 0.
b Enter the number of voting members included on line 1a, above, who are independent

| 1 a |  |
| ---: | ---: |
|  |  |
| 1b |  |

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, 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?
b 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 on Schedule $O$


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

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 on 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
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, " describe on 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 on 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?

|  | Yes | No |
| :---: | :---: | :---: |
| $10 a$ |  | $X$ |
| $10 b$ |  |  |
| $11 a$ | $X$ |  |
| $12 a$ | $X$ |  |
| $12 b$ | $X$ |  |
| $12 c$ |  | $X$ |
| 13 |  | $X$ |
| 14 |  | $X$ |
|  |  |  |
| $15 a$ |  | $X$ |
| $15 b$ |  | $X$ |
|  |  |  |
| $16 a$ |  | $X$ |
|  |  |  |
| $16 b$ |  |  |

## Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed FL
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
X 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
DAVE BARTON - 618-604-4271
2717 SEVILLE BLVD, APT 24202, CLEARWATER, FL 33764

## 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 the 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 report－ able compensation（box 5 of Form W－2，Form 1099－MISC，and／or box 1 of Form 1099－NEC）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 the instructions for the order in which to list the persons above．
$\square$ Check this box if neither the organization nor any related organization compensated any current officer，director，or trustee．

| （A） <br> Name and title | （B） <br> Average hours per | （C） <br> Position <br> （do not check more than one box，unless person is both an officer and a director／trustee） |  |  |  |  |  | （D） <br> Reportable compensation from | （E） <br> Reportable compensation | （F） <br> Estimated amount of |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | （list any hours for related organizations below line） |  |  | 产 |  | 辣 | 亭 | ```the organization （W－2／1099－MISC／ 1099－NEC）``` | $\begin{aligned} & \text { organizations } \\ & \text { (W-2/1099-MISC/ } \\ & \text { 1099-NEC) } \end{aligned}$ | compensation from the organization and related organizations |
| （1）ROBERT J．ENTEL | 1.00 |  |  |  |  |  |  |  |  |  |
| CHAIR |  | X |  | X |  |  |  | 0. | 0. | 0 ． |
| （2）IRWIN L．ENTEL | 1.00 |  |  |  |  |  |  |  |  |  |
| TREASURER |  | X |  | X |  |  |  | 0 ． | 0. | 0 ． |
| （3）COLIN J．BISSETT | 1.00 |  |  |  |  |  |  |  |  |  |
| SECRETARY |  | X |  | X |  |  |  | 4，210． | 0. | 0. |
| （4）NANCY RIDENOUR | 1.00 |  |  |  |  |  |  |  |  |  |
| DIRECTOR |  | X |  |  |  |  |  | 0. | 0. | 0. |
| （5）ANNE Q BARR | 1.00 |  |  |  |  |  |  |  |  |  |
| DIRECTOR |  | X |  |  |  |  |  | 0. | 0. | 0 ． |
| （6）JOHN FREEBORN | 1.00 |  |  |  |  |  |  |  |  |  |
| DIRECTOR |  | X |  |  |  |  |  | 0. | 0. | 0. |
| （7）SUSAN BENJAMIN | 1.00 |  |  |  |  |  |  |  |  |  |
| DIRECTOR |  | X |  |  |  |  |  | 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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1 a? If "Yes, " complete Schedule $J$ for such individual
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 $\$ 150,000$ ? If "Yes, " complete Schedule $J$ for such individual
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person


## 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) <br> Name and business address | (B) <br> Description of services | (C) <br> Compensation |
| :--- | :--- | :--- |
|  |  |  |
|  |  |  |
| $\mathbf{2}$Total number of independent contractors (including but not limited to those listed above) who received more than <br> $\$ 100,000$ of compensation from the organization |  |  |

## Part VIII Statement of Revenue



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 ....................................................... X |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) <br> Program service <br> expenses | Management and general expenses | D) <br> Fundraising expenses |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 |  |  |  |  |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 |  |  |  |  |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 |  |  |  |  |
| 4 Benefits paid to or for members ................... |  |  |  |  |
| 5 Compensation of current officers, directors, trustees, and key employees | 4,210. | 2,105. | 2,105. |  |
| 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): <br> a Management |  |  |  |  |
| b Legal ......... |  |  |  |  |
| c Accounting | 2,701. |  | 2,701. |  |
| d Lobbying . |  |  |  |  |
| e Professional fundraising services. See Part IV, line 17 |  |  |  |  |
| f Investment management fees. | 2,468. |  | 2,468. |  |
| g Other. (If line 11 g amount exceeds $10 \%$ of line 25 , column (A), amount, list line 11 g expenses on Sch 0 .) | 11,118. | 5,559. | 5,559. |  |
| 12 Advertising and promotion | 1,166. |  | 1,166. |  |
| 13 Office expenses | 1,027. |  | 1,027. |  |
| 14 Information technology |  |  |  |  |
| 15 Royalties ................ |  |  |  |  |
| 16 Occupancy | 10,725. | 10,725. |  |  |
| 17 Travel |  |  |  |  |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials |  |  |  |  |
| 19 Conferences, conventions, and meetings ..... |  |  |  |  |
| 20 Interest |  |  |  |  |
| 21 Payments to affiliates |  |  |  |  |
| 22 Depreciation, depletion, and amortization |  |  |  |  |
| 23 Insurance | 604. | 604. |  |  |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24 e amount exceeds $10 \%$ of line 25 , column (A), amount, list line 24e expenses on Schedule 0.) |  |  |  |  |
| a COMPUTER AND INTERNET E | 1,507. |  | 1,507. |  |
| b SOFTWARE EXPENSE | 646 . | 646 . |  |  |
| c SECURITY | 321. | 321. |  |  |
| d LICENSES | 184. | 184. |  |  |
| e All other expenses |  |  |  |  |
| 25 Total functional expenses. Add lines 1 through 24e | 36,677. | 20,144. | 16,533. | 0 . |
| 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 $\square$ if following SOP 98-2 (ASC 958-720) |  |  |  |  |

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


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 | 1,888,604. |
| :---: | :---: | :---: | :---: |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 36,677. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,851,927. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 322,759. |
| 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 on Schedule O) | 9 | 0 . |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 2,174,686. |

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

1 Accounting method used to prepare the Form 990: $\square$ Cash $\quad$ X Accrual $\quad \square$ Othe If the organization changed its method of accounting from a prior year or checked "Other," explain on 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:Separate basis $\square$ Consolidated basis $\square$ Both consolidated and separate basis
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:Separate basis $\square$ Consolidated basis $\square$ Both consolidated and separate basis
c If "Yes" to line 2 a or 2 b , 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.
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?
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


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. 

Open to Public
Inspection
Name of the organization
Employer identification number
PENNY LANE BEATLES MUSEUM, INC.
**_***6322

| 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.)
$1 \square$ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
$2 \square$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
$3 \quad$ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
$4 \square$ 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:
$5 \square$
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.)
$6 \quad \square$ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
$8 \quad$ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
$9 \quad$ 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 $331 / 3 \%$ 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 $331 / 3 \%$ 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.)
$11 \square$ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
$12 \quad$ 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a $\quad \square$ 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 $\quad \square$ 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
$\square$ 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 $\quad \square$ 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).
 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) <br> 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|  |  | 35,832. | 317,425. | 31,498. | 1871446. | 2256201. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf |  |  |  |  |  |  |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge |  |  |  |  |  |  |
| 4 Total. Add lines 1 through 3. |  | 35,832. | 317,425. | 31,498. | 1871446 . | 2256201. |
| 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) |  |  |  |  |  | 2153435. |
| 6 Public support. Subtract line 5 from line 4. |  |  |  |  |  | 102,766. |
| Section B. Total Support |  |  |  |  |  |  |
| Calendar year (or fiscal year beginning in) <br> 7 Amounts from line 4 <br> 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources <br> 9 Net income from unrelated business activities, whether or not the business is regularly carried on <br> 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|  |  | 35,832. | 317,425. | 31,498. | 1871446 . | 2256201. |
|  |  |  |  |  | 3,164. | 3,164. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  | 2259365. |
| 12 Gross receipts from related activities, etc. (see instructions) |  |  |  |  | 12 | 13,722. |
| 13 First 5 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 |  |  |  |  |  |  |
| Section C. Computation of Public Support Percentage |  |  |  |  |  |  |
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) |  |  |  |  | 14 | \% |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 |  |  |  |  | 15 | \% |
| 16a $331 / 3 \%$ support test - 2021. If the organization did not check the box on line 13 , and line 14 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |  |  |  |  |  |
| b $33 \mathbf{1 / 3 \%}$ support test - 2020. If the organization did not check a box on line 13 or $16 a$, and line 15 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization |  |  |  |  |  |  |
| 17a 10\% -facts-and-circumstances test - 2021. If the organization did not check a box on line $13,16 a$, or $16 b$, 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 |  |  |  |  |  |  |
| b $\mathbf{1 0 \%}$-facts-and-circumstances test - 2020. If the organization did not check a box on line $13,16 a, 16$ b, or $17 a$ 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 |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") |  |  |  |  |  |  |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |  |  |  |  |  |  |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 |  |  |  |  |  |  |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf |  |  |  |  |  |  |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge |  |  |  |  |  |  |
| 6 Total. Add lines 1 through 5 |  |  |  |  |  |  |
| 7a Amounts included on lines 1,2, and 3 received from disqualified persons |  |  |  |  |  |  |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $\$ 5,000$ or $1 \%$ of the amount on line 13 for the yea |  |  |  |  |  |  |
| c Add lines 7 a and 7 b ...... |  |  |  |  |  |  |
| 8 Public support. Subtrat ine 7 c from line 6.) |  |  |  |  |  |  |

## Section B. Total Support

Calendar year (or fiscal year beginning in)
9 Amounts from line 6
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975
c Add lines 10a and 10b
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)
13 Total support. (Add lines 9, 10c, 11, and 12.)

| (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

14 First 5 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

## Section C. Computation of Public Support Percentage

|  | Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) | 15 | \% |
| :---: | :---: | :---: | :---: |
|  | Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | \% |

## Section D. Computation of Investment Income Percentage

18 Investment income percentage from 2020 Schedule A, Part III, line 17
\%
19a $331 / 3 \%$ support tests - 2021. If the organization did not check the box on line 14 , and line 15 is more than $331 / 3 \%$, and line 17 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization
b $33 \mathbf{1 / 3} \%$ support tests - 2020. If the organization did not check a box on line 14 or line $19 a$, and line 16 is more than $331 / 3 \%$, and line 18 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

## Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No, " describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes, " answer lines $3 b$ and $3 c$ below.
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes, " describe in Part VI when and how the organization made the determination.
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes, " explain in Part VI what controls the organization put in place to ensure such use.
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes, " and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes, " describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes, " explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
c Substitutions only. Was the substitution the result of an event beyond the organization's control?
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes, " provide detail in Part VI.
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35\% controlled entity with regard to a substantial contributor? If "Yes, " complete Part I of Schedule L (Form 990).
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7 ? If "Yes, " complete Part I of Schedule L (Form 990).
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes, " provide detail in Part VI.
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes, " provide detail in Part VI.
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes, " answer line 10b below.
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)


11 Has the organization accepted a gift or contribution from any of the following persons?
a A person who directly or indirectly controls, either alone or together with persons described on lines 11 b and 11c below, the governing body of a supported organization?
b A family member of a person described on line 11a above?
c A 35\% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.


## Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.


## Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)


## Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No, " explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes, " describe in Part VI the role the organization's supported organizations played in this regard.


## Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
a $\square$ The organization satisfied the Activities Test. Complete line $\mathbf{2}$ below.
b $\square$ The organization is the parent of each of its supported organizations. Complete line $\mathbf{3}$ below.
c $\square$ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
2 Activities Test. Answer lines 2a and 2b below.
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes, " then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes, " explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer lines 3a and 3b below.
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role plaved by the organization in this regard.

 | Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations |
| :--- | :--- |



Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |  | (A) Prior Year | (B) Current Year (optional) |
| :---: | :---: | :---: | :---: |
| 1 Net short-term capital gain | 1 |  |  |
| 2 Recoveries of prior-year distributions | 2 |  |  |
| 3 Other gross income (see instructions) | 3 |  |  |
| 4 Add lines 1 through 3. | 4 |  |  |
| 5 Depreciation and depletion | 5 |  |  |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |  |  |
| 7 Other expenses (see instructions) | 7 |  |  |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 |  |  |
| Section B - Minimum Asset Amount |  | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |  |  |  |
| a Average monthly value of securities | 1 a |  |  |
| b Average monthly cash balances | 1b |  |  |
| c Fair market value of other non-exempt-use assets | 1c |  |  |
| d Total (add lines 1a, 1b, and 1c) | 1d |  |  |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): |  |  |  |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 |  |  |
| 3 Subtract line 2 from line 1d. | 3 |  |  |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 |  |  |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 |  |  |
| 6 Multiply line 5 by 0.035 . | 6 |  |  |
| 7 Recoveries of prior-year distributions | 7 |  |  |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 |  |  |
| Section C - Distributable Amount |  |  | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1 |  |  |
| 2 Enter 0.85 of line 1. | 2 |  |  |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 |  |  |
| 4 Enter greater of line 2 or line 3. | 4 |  |  |
| 5 Income tax imposed in prior year | 5 |  |  |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |  |  |

$7 \quad \square$ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

| Section D - Distributions |  |  |  | Current Year |
| :---: | :---: | :---: | :---: | :---: |
| 1 Amounts paid to supported organizations to accomplish exempt purposes |  |  | 1 |  |
| Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity |  |  | 2 |  |
| Administrative expenses paid to accomplish exempt purposes of supported organizations |  |  | 3 |  |
| Amounts paid to acquire exempt-use assets |  |  | 4 |  |
| Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) |  |  | 5 |  |
| Other distributions (describe in Part VI). See instructions. |  |  | 6 |  |
| Total annual distributions. Add lines 1 through 6. |  |  | 7 |  |
| Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. |  |  | 8 |  |
| Distributable amount for 2021 from Section C, line 6 |  |  | 9 |  |
| Line 8 amount divided by line 9 amount |  |  | 10 |  |
| Section E-Distribution Allocations (see instructions) | (i) <br> Excess Distributions | (ii) Underdistributions Pre-2021 |  | (iii) Distributable Amount for 2021 |
| Distributable amount for 2021 from Section C, line 6 |  |  |  |  |
| Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. |  |  |  |  |
| Excess distributions carryover, if any, to 2021 |  |  |  |  |
| From 2016 |  |  |  |  |
| From 2017 |  |  |  |  |
| From 2018 |  |  |  |  |
| From 2019 |  |  |  |  |
| From 2020 |  |  |  |  |
| Total of lines 3a through 3e |  |  |  |  |
| Applied to underdistributions of prior years |  |  |  |  |
| Applied to 2021 distributable amount |  |  |  |  |
| Carryover from 2016 not applied (see instructions) |  |  |  |  |
| Remainder. Subtract lines 3g, 3h, and 3i from line 3f. |  |  |  |  |
| Distributions for 2021 from Section D, line 7 : |  |  |  |  |
| Applied to underdistributions of prior years |  |  |  |  |
| Applied to 2021 distributable amount |  |  |  |  |
| Remainder. Subtract lines 4a and 4b from line 4. |  |  |  |  |
| Remaining underdistributions for years prior to 2021, if any. Subtract lines 3 g and 4 a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |  |  |  |
| Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. |  |  |  |  |
| Excess distributions carryover to 2022. Add lines 3 j and 4c. |  |  |  |  |
| Breakdown of line 7: |  |  |  |  |
| Excess from 2017 |  |  |  |  |
| Excess from 2018 |  |  |  |  |
| Excess from 2019 |  |  |  |  |
| d Excess from 2020 |  |  |  |  |
| e Excess from 2021 |  |  |  |  |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5,6 , and 8 ; and Part V, Section E, lines 2,5 , and 6 . Also complete this part for any additional information. (See instructions.)

| ** Do Not File ** *** Not Open to Public Inspection *** |  |  |
| :---: | :---: | :---: |
| Contributor's Name | Total Contributions | Excess Contributions |
| DR. ROBERT ENTEL | 411,985. | 366,798. |
| ENTEL FAMILY LLLP | 1,831,824. | 1,786,637. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Excess Contributions to Schedule A, Part II, Line 5 |  | 2,153,435. |

PENNY LANE BEATLES MUSEUM, INC.
**_***6322

Organization type (check one):
Filers of: Section:

Form 990 or 990-EZ $\quad \mathrm{X}$ 501(c)( 3 ) (enter number) organization
$\square$ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
$\square 527$ political organization

Form 990-PF $\quad \square$ 501(c)(3) exempt private foundation
$\square$ 4947(a)(1) nonexempt charitable trust treated as a private foundation
$\square$ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

For an organization described in section 501(c)(3) filing Form 990 or $990-E Z$ that met the $331 / 3 \%$ support test of the regulations under sections $509(a)(1)$ and $170(b)(1)(A)(v i)$, that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) $2 \%$ of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or $990-E Z$ that received from any one contributor, during the year, total contributions of more than $\$ 1,000$ exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or $990-E Z$ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than $\$ 1,000$. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $\$ 5,000$ or more during the year
\$ $\qquad$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

PENNY LANE BEATLES MUSEUM, INC.
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| :---: | :---: | :---: | :---: |
| 1 | DR. ROBERT ENTEL <br> 521 MANDALAY AVENUE \#902 <br> CLEARWATER, FL 33767 | \$ 34, 250. | Person X <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
| 2 | ENTEL FAMILY LLLP <br> 521 MANDALAY AVENUE \#902 <br> CLEARWATER, FL 33767 | \$ $1,831,824$. | Person X <br> Payroll $\square$ <br> Noncash X <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ | Person $\square$ <br> Payroll $\square$ <br> Noncash <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ | Person $\square$ <br> Payroll $\square$ <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| (a) <br> No. | (b) <br> Name, address, and ZIP + 4 | (c) <br> Total contributions | (d) <br> Type of contribution |
|  |  | \$ | Person $\square$ <br> Payroll <br> Noncash $\square$ <br> (Complete Part II for noncash contributions.) |
| 123452 11-11-21 |  |  | Schedule B (Form 990) (2021) |
| 10523 | $79420275-07485.000$ | ENNY LANE BEATL | S MUSEUM 75-07 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.


| Name of organization | Employer identification number |
| :--- | :---: |
| PENNY LANE BEATLES MUSEUM, INC. | $* * \_* * * 6322$ |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
$\left.\begin{array}{c|c|c}\hline \begin{array}{c}\text { (a) } \\ \text { No. } \\ \text { from } \\ \text { Part I }\end{array} & \begin{array}{c}\text { (b) } \\ \text { (b) }\end{array} & \\ \hline & \text { Description of noncash property given }\end{array}\right]$.

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | 47 SHARES CROWN CASTLE REIT INC | \$ 9,046. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 169 Shares CISCO SYSTEMS INC | \$ 9,903. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 2,664. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 5,654. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 31 SHARES EVERSOURCE ENERGY COM | \$ $2,784$. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 17 SHARES HONEYWELL INTL INC | \$ 3,790. | 09/09/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) |  |
| :---: | :---: | :---: |
| 2 | Description of noncash property given |  |
| 2 | $\square$ |  |
|  |  |  |
| (a) SHARES HOME DEPOT INC |  |  |


| (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| :---: | :---: |
| \$ 10,285. | 09/09/21 |
| (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| \$ 5,060. | 09/09/21 |
| (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| \$ 14, 327. | 09/09/21 |
| (c) | (d) |


| Name of organization | Employer identification number |
| :--- | :---: |
| PENNY LANE BEATLES MUSEUM, INC. | $* * \_* * * 6322$ |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | 154 SHARES MONDELEZ INTERNATIONAL | \$ 9,334. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$_8,673. | 09/09/21 |
| (a) No. from Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 8,335. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 7,397. | 09/09/21 |
| (a) <br> No. from Part | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 13,971. | 09/09/21 |
| (a) <br> No. from Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 145 SHARES NEXTERA ENERGY INC | \$ $12,447$. | 09/09/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | 65 SHARES PAYCHEX INC | \$ 7,236. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$_7,307. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 30 SHARES PHILLIPS 66 | \$ 2,002. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 67 SHARES PEPSICO INC | \$ 10,434. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 8,495. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 55 SHARES QUALCOMM INC | \$ 7,787. | 09/09/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) <br> 2 |
| :---: | :---: |
|  | Description of noncash property given |


| (c) FMV (or estimate) (See instructions.) |  | (d) <br> Date received |
| :---: | :---: | :---: |
| \$ | 5,156. | 09/09/21 |
|  | c) <br> estimate) <br> ructions.) | (d) <br> Date received |
| \$ | 6,691. | 09/09/21 |
|  | c) <br> estimate) <br> ructions.) | (d) <br> Date received |
| \$ | 4,608. | 09/09/21 |
|  | c) estimate) ructions.) | (d) <br> Date received |
| \$ | 8,790. | 09/09/21 |
|  | c) <br> estimate) <br> ructions.) | (d) <br> Date received |
| \$ | 9,586. | 09/09/21 |
|  | c) <br> estimate) <br> ructions.) | (d) <br> Date received |
| \$ | 13,947. | 09/09/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | $\qquad$ | \$ 4,914. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 4,912. | 09/09/21 |
| (a) No. from Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 3,266. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 38 SHS ABBOT LABS | \$ 5,106. | 12/10/21 |
| (a) <br> No. from Part | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 7,088. | 12/10/21 |
| (a) <br> No. from Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 32 SHARES PROLOGIS INC | \$ 5,091. | 12/10/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | 15 SHARES AMERICAN TOWER REIT INC | \$ 4,089. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 6,148. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 26 SHARES AUTOMATIC DATA PROC | \$ 6,154. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 9,475. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 7 SHARES BLACKROCK INC | \$ 6,476. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 32 SHARES BEST BUY CO INC | \$ 3,322. | 12/10/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) Date received |
| :---: | :---: | :---: | :---: |
| 2 | $\qquad$ | \$ 2,810. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ $4,734$. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 32 SHARES CROWN CASTLE REIT INC | \$ 6,183. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 107 SHARES CISCO SYSTEMS INC | \$ 6,340. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 57 SHARES CORNING INC | \$ $2,144$. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 3,750. | 12/10/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | 21 SHARES EVERSOURCE ENERGY | \$ 1,845. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 8 SHARES HONEYWELL INTL INC | \$ 1,678. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 20 SHARES HOME DEPOT INC | \$ 8, 308. | 12/10/21 |
| (a) No. from Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 3,884. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 57 SHARES JP MORGAN CHASE \& CO | \$ 9,110. | 12/10/21 |
| (a) <br> No. from Part | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 10 SHARES LOCKHEED MARTIN CORP | \$ 3,449. | 12/10/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | 31 SHARES MICROSOFT CORP | \$ $10,619$. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 8,757. | 12/10/21 |
| (a) No. from Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 40 SHARES PAYCHEX INC | \$ 4,970. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 4,837. | 12/10/21 |
| (a) <br> No. from Part | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 20 SHARES PHILLIPS 66 | \$ 1,450 . | 12/10/21 |
| (a) <br> No. from Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 44 SHARES PEPSICO INC | \$ 7,435. | 12/10/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.
$\left.\begin{array}{c|c|c}\hline \begin{array}{c}\text { (a) } \\ \text { No. } \\ \text { from } \\ \text { Part I }\end{array} & \begin{array}{c}\text { (b) } \\ \hline\end{array} & \text { Description of noncash property given }\end{array}\right]$

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | $\qquad$ | \$ 5,486. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 114 SHARES TRUIST FINL CORP | \$ 6,770. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 9,604. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 4,600. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ | \$ 3,351. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 40 SHARES VERIZON COMMUNICATNS | \$ $2,008$. | 12/10/21 |

Name of organization
PENNY LANE BEATLES MUSEUM, INC.

PENNY LANE BEATLES MUSEUM, INC.
**_***6322
Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given |  | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: | :---: |
| 2 | $\qquad$ $\qquad$ | \$ | 114,358. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given |  | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 12,737.227 SHARES AB MUNICIPAL INCOME | \$ | 163,928. | 12/10/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given |  | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 500 SHARES BERKSHIRE HATHAWAY INC | \$ | 142,635. | 08/26/21 |
| (a) <br> No. from Part I | (b) <br> Description of noncash property given |  | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 10,000 SHARES DJIA LIRN ISSUER BOFA | \$ | 138,800. | 12/14/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given |  | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $\qquad$ $\qquad$ | \$ | 99,018. | 12/14/21 |
| (a) <br> No. from Part I | (b) <br> Description of noncash property given |  | (c) FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | $4,314.357$ SHARES JP MORGAN GLOBAL | \$ | 101,776. | 08/26/21 |
| 123453 11-11-21 |  | 39 Schedule B (Form 990) (2021) |  |  |
| 10523 | $79420275-07485.0002$ | EN | NY LANE BEATL | MUSEUM 75 |


| Name of organization | Employer identification number |
| :--- | :---: |
| PENNY LANE BEATLES MUSEUM, INC. | $* * \_* * * 6322$ |

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| :---: | :---: | :---: | :---: |
| 2 | 1,931 SHARES ISHARES GOLD TR SHS | \$ 66,001. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 364 SPDR GOLD TRUST | \$ 61,163. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 8,866.059 SHARES INVESCO ROCHESTER $\qquad$ | \$ 72,613. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
| 2 | 9,717.987 BLACKROCK GLOBAL | \$ 214,379. | 09/09/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) <br> (See instructions.) | (d) <br> Date received |
| 2 | 8.99 SHARES INVESCO ROCHESTER | \$ 73. | 10/06/21 |
| (a) <br> No. <br> from <br> Part I | (b) <br> Description of noncash property given | (c) <br> FMV (or estimate) (See instructions.) | (d) <br> Date received |
|  |  | \$ |  |


(e) Transfer of gift

(e) Transfer of gift

(e) Transfer of gift

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

## Name of the organization

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1 Total number at end of year
2 Aggregate value of contributions to (during year)
3 Aggregate value of grants from (during year)
4 Aggregate value at end of year

| (a) Donor advised funds |  |
| :---: | :---: |
|  |  |
|  |  |
|  |  |
|  |  |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
 YesNo
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?
(b) Funds and other accounts

| rt II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. |
| :--- | :--- |

1 Purpose(s) of conservation easements held by the organization (check all that apply).Preservation of land for public use (for example, recreation or education) Protection of natural habitat
$\qquad$ Preservation of a historically important land area Preservation of a certified historic structure Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

|  | Held at the End of the Tax Year |
| :--- | :--- |
| 2a |  |
| 2b |  |
| 2c |  |
| 2d |  |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?


6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
-
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year - \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. <br> Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1

- \$
(ii) Assets included in Form 990, Part X
- \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ...................................................................................... \$
b Assets included in Form 990, Part X

- \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule D (Form 990) 2021

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its
collection items (check all that apply):

| $\mathbf{a}$ | $\square$ | Public exhibition |
| :--- | :--- | :--- |
| $\mathbf{b}$ | $\square$ | Scholarly research |
| $\mathbf{c}$ | $\square$ | Preservation for future generations |

d $\square$ Loan or exchange program
e $\quad$ Other
c $\quad$ Preservation for future generations
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?


Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes
 No
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

|  | Amount |
| :---: | :---: |
| 1c |  |
| 1d |  |
| 1e |  |
| 1f |  |

2a Did the organization include an amount on Form 990, Part $X$, line 21, for escrow or custodial account liability?
${ }^{\ldots} \ldots \ldots \ldots \ldots$ Yes $\quad \square$ No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

| Part V | Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. |
| :--- | :--- | :--- |


|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1a Beginning of year balance |  |  |  |  |  |
| b Contributions |  |  |  |  |  |
| c Net investment earnings, gains, and losses |  |  |  |  |  |
| d Grants or scholarships |  |  |  |  |  |
| e Other expenditures for facilities and programs |  |  |  |  |  |
| f Administrative expenses |  |  |  |  |  |
| g End of year balance |  |  |  |  |  |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment $\qquad$ \%
c Term endowment $\qquad$ \%
The percentages on lines $2 \mathrm{a}, 2 \mathrm{~b}$, and 2c should equal $100 \%$.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?


4 Describe in Part XIII the intended uses of the organization's endowment funds.

## Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| :---: | :---: | :---: | :---: | :---: |
| 1a Land |  |  |  |  |
| b Buildings |  |  |  |  |
| c Leasehold improvements |  |  |  |  |
| d Equipment |  |  |  |  |
| e Other |  |  |  |  |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.) ................................... |  |  |  | 0 . |

Schedule D (Form 990) 2021

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| :---: | :---: | :---: |
| (1) Financial derivatives |  |  |
| (2) Closely held equity interests |  |  |
| (3) Other |  |  |
| (A) |  |  |
| (B) |  |  |
| (C) |  |  |
| (D) |  |  |
| (E) |  |  |
| (F) |  |  |
| (G) |  |  |
| (H) |  |  |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) |  |  |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| :--- | :---: | :---: |
| $(1)$ |  |  |
| $(2)$ |  |  |
| $(3)$ |  |  |
| $(4)$ |  |  |
| $(5)$ |  |  |
| $(6)$ |  |  |
| $(7)$ |  |  |
| $(8)$ |  |  |
| $(9)$ |  |  |

(a) Description
(b) Book value 373,500. 76,100. (1) BUIINTNG PROGRESS
(2) BUILDING IN PROGRESS
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part $X$, col. (B) line 15.)

## Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
| :--- | :---: |
| $(1)$ Federal income taxes |  |
| $(2)$ |  |
| $(3)$ |  |
| $(4)$ |  |
| $(5)$ |  |
| $(6)$ |  |
| $(7)$ |  |
| $(8)$ |  |
| $(9)$ |  |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) ...................................................................................... |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1 Total revenue, gains, and other support per audited financial statements
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
a Net unrealized gains (losses) on investments
b Donated services and use of facilities
c Recoveries of prior year grants
d Other (Describe in Part XIII.)
e Add lines 2a through 2d


3 Subtract line 2e from line 1
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)
c Add lines 4a and 4b
5 Total revenue. Add lines $\mathbf{3}$ and $\mathbf{4 c}$. (This must equal Form 990, Part I, line 12.)

## Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.
1 Total expenses and losses per audited financial statements
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:
a Donated services and use of facilities
b Prior year adjustments
c Other losses
d Other (Describe in Part XIII.)
e Add lines 2a through 2d
3 Subtract line $\mathbf{2 e}$ from line 1
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)
c Add lines $\mathbf{4 a}$ and $\mathbf{4 b}$
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

 | Part XIII | Supplemental Information. |
| :--- | :--- |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.


30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II.
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2021 PENNY LANE BEATLES MUSEUM, INC. **_***6322 Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.


FORM 990, PART VI, SECTION A, LINE 2:
THE BOARD TREASURER IS THE FATHER OF THE BOARD CHAIR.

FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE 990 IS EMAILED TO THE BOARD PRIOR TO FILING. THE CHAIR OF THE BOARD REVIEWS AND APPROVES THE 990.

FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE ON REQUEST

FORM 990, PART IX, LINE 11G, OTHER FEES:
CONTRACT LABOR:

| PROGRAM SERVICE EXPENSES | $5,559$. |
| :--- | :---: |
| MANAGEMENT AND GENERAL EXPENSES | $5,559$. |
| FUNDRAISING EXPENSES | 0. |
|  | $11,118$. |
| TOTAL EXPENSES |  |

























|  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Notes |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| actual cost |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2018 appraisal which does not include approx $80 \%$ of collection |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| new builiding |  |  |  |  |  |  |
| new builiding |  |  |  |  |  |  |
| current museum |  |  |  |  |  |  |
| current museum |  |  |  |  |  |  |
| leased space (+ electric) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |



|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |


|  |  |  |  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |



|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |


|  |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |



## HIDGl

Fasoujgiq inot ray not vuevi.



> su whoeny sappeg oveา funed :כucN ponsul
> sevis *NId
> Hnलl : Eequnn unoxyy







## Other information from The Penny Lane Beatles Museum

Economic Impact Information
The study, conducted by Oxford Economics with the support of the Andrew W. Mellon Foundation, shows that for every $\mathbf{\$ 1 0 0}$ of economic activity created by museums, an additional $\mathbf{\$ 2 2 0}$ is created in other sectors of the US economy as a result of supply chain and employee expenditure impacts.
Reference: https://www.aam-us.org/2018/02/13/new-national-data-reveals-the-economic-impact-of-museums-is-more-than-double-previous-estimates/
Per the AAM (American Association of Museums), museums are economic engines:

- Museums support more than 726,000 American jobs.
- Museums contribute $\mathbf{\$ 5 0}$ billion to the U.S. economy each year.
- Seventy-six percent of all U.S. leisure travelers participate in cultural or heritage activities such as visiting museums. These travelers spend 60 percent more money on average than other leisure travelers.
- The economic activity of museums generates more than $\mathbf{\$ 1 2}$ billion in tax revenue, onethird of it going to state and local governments. Each job created by the museum sector results in $\$ 16,495$ in additional tax revenue.
- Every direct job at a museum supports an additional job in the economy. This is a higher rate than many other industries.
- Museums and other nonprofit cultural organizations return more than $\$ 5$ in tax revenues for every $\mathbf{\$ 1}$ they receive in funding from all levels of government.

Local Commitment
We are committed to working with local vendors - Klar and Klar (architect) from Clearwater and Palmetto Builds (general contractor) from Clearwater and Creative Arts Unlimited Inc. (displays) from Pinellas Park. In addition, we are committed to purchasing local products in all areas. Whether it is the items sold in our gift shop, to purchasing from local companies where available. The two bids for the display cases will be from Florida companies. We have met with local suppliers including: Artistic Spaces Inc, Creative Arts Unlimited and Klar \& Klar regarding static and interactive displays/display cases.

Leadership Demographics
Our religious, minority, and diverse board of 9 individuals represents a cross section of community leaders from across Pinellas County and the Tampa Bay. As we develop a new Board of Directors we will focus on broadening diversity.

Leadership Demographics - Executive Level Leadership Team
The current founders and Board leadership represent religious diversity. We are dedicated to hiring diverse leaders.
Leadership Demographics - CEO/Executive Director - see above
Does your CEO/Executive Director consider themselves a member of one or more of the following populations?
We are currently finalizing a job description for the Executive Director of the Penny Lane Beatles Museum. We hope to hire that position in early 2023. We will be seeking a diverse
candidate pool, hopefully from the Tampa Bay region, with background in museum management, music, and/or community/organization outreach.

## Personal note from Dr. Robert Entel:

As a community leader, physician and past Pinellas Community Foundation Board member, I thank you for this opportunity. My family and I have spent our lives in this community and we believe the Penny Lane Beatles Museum is an excellent way to make a long-term positive impact. We are excited about the growth and our continued a dedication to our wonderful community.


Robert Enter, MD

